



Monmouthshire County Council.

Education Committee.

ANNUAL REPORT

OF THE

MEDICAL INSPECTION DEPARTMENT

FOR THE YEAR 1933.

Monmouthshire Education Committee

MEDICAL INSPECTION.

Annual Report for 1933.

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have pleasure in submitting for your consideration the Annual Report upon the Medical Inspection of School Children under your jurisdiction for the year ended December 31st, 1933.

The Report is arranged upon the lines suggested by the Medical Department of the Board of Education, in the circular letter dated 15th November, 1927, and Schedule to Form 6M. The statistical tables contained in the Appendix have been compiled in accordance with the Board's request in the latter circular.

ELEMENTARY SCHOOLS.

POPULATION, ETC.

Area of the County of Monmouth (excluding autonomous areas of Abertillery, Ebbw Vale and Newport):—331,696 acres.

The estimated population to the middle of 1933 (excluding autonomous areas) is given by the Registrar General as 279,220.

Number of Schools 197, with 286 departments.

Number of children on registers of Elementary Schools at 31st December, 1933:—50,146. Average Attendance, 45,816.

School accommodation, 31st December, 1933:—62,261.

1.—MEDICAL INSPECTION STAFF.

The County Medical Officer is also School Medical Officer.

There are eleven Assistant Medical Officers and their apportionment of work is as follows:—

Schedule of apportionment of work of the Medical and Nursing Staff.

Apportionment year ended 31st March, 1934.			
	School Medical Inspection.	Public Health.	Remarks
Medical Staff.			
Dr. D. Rocyn Jones, County Medical Officer	...	$\frac{1}{2}$	$\frac{1}{2}$
Dr. Gwyn Rocyn Jones	... Laboratory Work	All	
Dr. Mary Scott	...	All	
Dr. Philomene Whitaker	...	23/50	27/50
Dr. Mary Gordon	...	3/5	2/5
Dr. Annie Roberts	...	3/5	2/5
Dr. Teresa O'Riordan	...	13/20	7/20
Dr. William B. Owen	...	9/11	2/11
Dr. Evelyn D. Owen	...	3/10	7/10
Dr. William Panes	...	9/11	2/11
Dr. William R. Nash	...	47/50	3/50
Dr. Alice Dewar	...	9/11	2/11
Dr. B. O. MacQuillan	...	9/11	2/11
Dr. David Games	...	7/10	3/10 Left 31/3/34.

Staff Meetings.

Throughout the year meetings of the Medical Staff have been held monthly on Saturdays. These conferences are not informal, but are serious discussions upon difficulties which arise from time to time, and have proved to be of the greatest value to the Assistant Medical Officers.

Specialist Staff.

Dr. Arthur Rocyn Jones	Two days a month	Orthopaedic treatment jointly Education and Maternity and Child Welfare and Public Health.
Dr. R. J. Coulter	... One half day per week	Special refraction and Ophthalmic work.
Dr. J. A. Lee	... Two half days per week during six months of the year and special clinics when required.	Ear, Nose and Throat treatment.
Dr. J. McGinn	... One half day per week	X-Ray treatment of Ringworm.
Jan. 10th, 1934—deceased.		

Nursing Staff.

There are 36 whole-time Health Visitors on the Staff and two part-time Health Visitors (the lecturer in nursing under the Higher Education Committee and a mental deficiency Inquiry Officer), and the working time of approximately sixteen of them was devoted entirely to the School Medical Service.

One Health Visitor, who is the Orthopædic Nurse under the Education Committee, devotes half of her time to enquiry work under the Mental Deficiency Committee.

The Lecturer in Nursing under the Higher Education Committee gives one day a week to School Medical Inspection work, and one day a week to maternity and child welfare work.

Dental Staff.

Five School Dentists are engaged, viz. :—

C. J. Hurry Riches, L.D.S., R.C.S. (part time).	} whole time.
J. G. Saxon, L.D.S., R.C.S.	
Miss Mair Minton, L.D.S., R.C.S.	
Miss Eluned O. Jones, L.D.S.	
John K. Noot, L.D.S., R.C.S.	

Miss M. Minton was absent through illness from August, 1933 to March, 1934. Miss M. D. Hooper was engaged temporarily during this period.

2. CO-ORDINATION.

(a) MATERNITY AND CHILD WELFARE.

The Co-ordination of the School Medical and the Maternity and Child Welfare services was inaugurated in the year 1920, and has been continued during the year under review. The Assistant Medical Officers undertake the supervision of Maternity and Child Welfare Centres in addition to the medical inspection and treatment of school children.

The health visitors have been allotted districts, in which they reside, and their duties include (1) home visiting of infants from birth up to 5 years of age under the Maternity and Child Welfare Scheme, (2) home visiting of children of school age under the scheme of medical inspection, and (3) attendance at the Maternity and Child Welfare Centres and School Clinics.

Several of the Health Visitors also help at Tuberculosis Dispensaries.

(b) NURSERY SCHOOLS.

No Nursery Schools have been established within the Administrative County.

(c) CARE OF DEBILITATED CHILDREN.

The majority of debilitated children under school age are supervised at the Maternity and Child Welfare Centres.

Debilitated children of school age come to the notice of the Medical Inspectors, during school inspection, and are examined at the schools. When attendance at School is impossible, they are seen at their homes. Thus the child is kept under observation from birth to the school leaving age.

THE SCHOOL MEDICAL SERVICE IN RELATION TO ELEMENTARY SCHOOLS.

3. SCHOOL HYGIENE.

Constant attention is paid to the Sanitary condition and structural suitability of the school buildings by the County Architect. When a Medical Inspection takes place at a school, the assistant medical inspectors make a survey of the sanitary conditions of the building. Any defects discovered by the medical officers are reported to the County Architect for attention.

The special survey of School buildings by the Assistant Medical Officers, commenced in 1925, was continued during the year 1933.

The following defects were found:—

Sanitary Conveniences	Insufficient	...	...	1	Needing repair	...	...	1
Lighting.	Natural	...	...	—	Poor Lighting	...	...	2
Heating.	Inadequate	...	...	1				
Lavatories.	Wash basins need renewing	...	...	1	Insufficiently flushed	...	...	3
	Not sufficient number	...	...	4	Require Limewashing	...	...	1
Cloak Rooms	Accommodation inadequate	...	...	1	Damp	...	...	—
	Insufficient rooms	...	...	—	Wash hand basin broken	...	...	—
	Taps leaking	...	...	1	Leaking roof	...	...	1
Ventilation.	Insufficient	...	...	1				
	Not satisfactory	...	...	1				
Desks.	Unsuitable	...	...	—	Needing repair	...	...	1
Cleanliness of Premises.	Not satisfactory	...	...	1	Floor old and dirty	...	...	—
	Classroom requires repainting	...	...	2				
Playground.	Unsatisfactory	...	...	1	Too small	...	...	—
	Needs repair	...	...	7	Needs asphaltting	...	...	—
Miscellaneous Defects.	Leaky Roof	...	...	1	Walls damp	...	...	—
	Walls require reliming	...	...	3	Floors need repairing	...	...	1
	Walls require repairing	...	...	2	No water supply	...	...	1

In only a few of the schools is provision made for the warming of meals brought by the children, and at no school was there any service of meals. Hot tea or cocoa is supplied at some of the schools. In all cases where children stay in school for meals, a teacher remains to exercise supervision.

In a few schools a scheme for supplying Horlick's Malted Milk is operative. This is served in the morning playtime. Head Teachers say that an improvement in health and attendance is noticeable.

The report of the County Education Architect is as follows:—

“ Under the Elementary Education Authority, the following additional and temporary accommodation was provided:—

Devauden Council School. Additional Accommodation.

Maesglas Council School. Additional (Temp.) Accommodation.

Under the Secondary Education Authority, the additional Class-rooms, Science Block and Gymnasium at the Ebbw Vale County School were completed and officially opened.

At the Maesycwmmer Secondary School an additional temporary Manual Centre was provided.

The following works were completed but not officially opened:—

Abergavenny County Girls' School Additions.

Ebbw Vale Mining and Literary Centre Additions.

Brooklands, New Tredegar Mining Centre.

The Girls' Hostel at the Usk Agricultural Institution was officially opened, and electricity is supplied throughout the whole of the college by the South Wales Power Co.

The work proceeding is as follows:—

Elementary.

Maesglas New Council School for Junior and Senior Mixed.

Secondary.

Bassaleg Secondary School.

Mining.

Tredegar Mining Centre.

Plans have been approved by the Board of Education for a new Council School at Pontypool Park Terrace and Blaenavon Park Street; for the conversion of Blaenavon Hillside and Twmpath School into Central Schools, and plans have also been submitted for the proposed Secondary School at Aberbargoed."

4.—MEDICAL INSPECTION.

(a) SCHEME OF INSPECTION.

The Board of Education's schedule of medical inspection was followed during the year, viz. :—

- (i) All children on their admission to Public Elementary Schools.
- (ii) All children attaining the age of eight years.
- (iii) All children attaining the age of twelve years.
- (iv) Special cases.
- (v) Re-examination of children previously found to be defective.
- (vi) Examination of mentally defective children.
- (vii) Examination of children attending irregularly at school (Attendance Officers' cases).
- (viii) Re-examination at school of children for whom spectacles have been prescribed at the School Clinic.

(b) STEPS TAKEN TO SECURE THE EARLY ASCERTAINMENT OF CRIPPLING DEFECTS.

The Medical Officers in charge of the County Maternity and Child Welfare Centres notify the County Medical Officer of all children under five years of age, whom they find to be suffering from crippling defects. The Health Visitors urge the mothers of any crippled children to take the infants to the Centres.

All parents are given the opportunity of having their children examined by the Consulting Orthopædic Surgeon. Suitable cases are given early treatment at the Royal National Orthopædic Hospital under the County scheme.

(c) DISTURBANCE OF SCHOOL ARRANGEMENTS.

At schools where there are Head Teachers' rooms there is practically no disturbance of school arrangements. At the majority of the schools a classroom is freed for the use of the medical inspector, the scholars being placed with another class for the time being. At single-roomed schools there must of course be some interference with the school routine work during medical inspections.

5.—FINDINGS OF MEDICAL INSPECTION.

During the year a total of 17,479 children were examined at routine inspections. Of this number there were actually 2,745 (15·7 per cent.), chil-

dren who were, at time of examination, physically fit,—boys 1,365, or (7·7 per cent.), and girls 1,280, or (7·3 per cent.).

A high standard was fixed in classifying the children as physically fit.

It was thought that the previous standard was too high, and the Medical Officers conferred, and agreed upon a reasonable standard of physical fitness for School children.

Summarised, these records show that there were 53·2 per cent. of children who were physically fit or suffered from some minor defects easily remediable, or which would have little bearing on the general health.

The number of special cases examined was 3,106, and re-examinations were carried out in 9,405 cases.

The number of individual children inspected was 30,105, including 115 children specially examined in Open Air Classrooms.

In addition the School Dentists examined 40,333 children.

Complete totals are given in the appended statistical tables.

(a) UNCLEANLINESS.

Clothing and Footgear at Routine Medical Inspections.

Year.	Unclean. Per Cent.	Ragged. Per Cent.	Excessive. Per Cent.	Insufficient. Per Cent.	Bad Footgear. Per Cent.
1929	·30	·43	·26	·03	1·48
1930	·52	·83	·16	·04	1·78
1931	·20	·48	·15	·03	1·28
1932	·16	·56	·04	·007	1·58
1933	·05	·66	·04	·02	1·24

The figures for clothing and footgear only reveal the percentage of pronounced defects found at Routine Medical Inspections. It must be admitted that the clothing and footgear of a large number of children are not adequate for the maintenance of comfort and health.

During the year 260 pairs of boots have been supplied to children by the Director of Education, with monies received from the Lord Mayor's Distress Fund.

Dirty and Verminous Children.

The dirty and verminous children discovered at routine inspections are here tabulated for facility of comparison.

	HEAD.			BODY.	
	Nits.	Dirty.	Dirty.	Pulices.	Pediculi.
	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Entrants—Boys	1·1	·02	·04	·80	—
„ Girls	·92	·09	·12	·99	·06
8—9 yrs.—Boys	·4	·04	·45	·94	—
„ Girls	10·7	—	·20	1·1	·04
Leavers—Boys	·48	·22	·37	·71	—
„ Girls	10·6	·07	·35	1·34	·14

It has been noticed that a marked improvement in cleanliness has been taking place amongst scholars.

A more comprehensive survey of the cleanliness of school children is made by the Health Visitors. They paid an average of 2·78 visits to each school in the County during the year when they examined all the children in attendance. Re-visits were paid to the schools after each cleansing examination to inspect the children previously found to have defects. The average number of visits paid to the schools in previous years has been considerably under the standard set by the Board of Education, but this year the average number of visits per school has increased considerably, due to the augmentation of the Nursing Staff.

Altogether 116,975 children were seen at the cleansing examinations, and 4,630 individual children were found unclean.

The defects, which also include minor ailments, are set out below. The figures for the two previous years are given for the purpose of comparison.

Chief defects found.	1933.		1932.		1931.	
	No.	Per- centage	No.	Per- centage	No.	Per- centage
Nits of head (mild)	5862	5.0	5336	4.3	4019	4.6
Do. (bad)	2100	1.8	726	.5	667	.7
Body vermin	476	.40	2087	1.7	3012	3.5
Dirty body	1478	1.3	1173	.9	1055	1.2
Ragged and dirty clothing	630	.53	1034	.8	951	1.1
Insufficient clothing	87	.07	104	.08	72	.08
Excessive clothing	164	.14	175	.14	95	.11
Poor footgear	296	.25	618	.5	466	.54
Poor nutrition	84	.07	76	.06	62	.07
Skin diseases	1135	.96	1452	1.1	2014	2.3
External eye diseases	387	.33	452	.3	241	.28
Otorrhœa	332	.28	233	.19	60	.07
Miscellaneous	444	.38	408	.3	91	.10
Total defects	13475	11.5	13874	11.3	12805	14.9

No. of children examined, 1933, 116,975; 1932, 122,024; 1931, 85,572.

The percentage of defects of cleanliness (apart from minor ailments) found by the Health Visitors during the year was 10.7 per cent., as compared with 9.6 per cent. for 1932, 11.3 per cent. for 1931.

The parents were notified of the defects, and a re-examination of the children was made by the Health Visitors after a month's interval.

A total of 12,628 cases were re-examined, and 9,742 (77.1 per cent.) were found to have improved, and 2,886 (22.8 per cent.) showed no improvement.

The homes of the children who had shown no improvement were visited, and instructions given to their parents or guardians in the methods of remedying the defect found.

Further examinations were made of 10,905 children, and 5,557 (50.9 per cent.) were found to have improved by the time of this subsequent visit. Some 4,334 (39.7 per cent.) were undergoing treatment, and 1,014 (9.3 per cent.) showed no improvement, and no satisfactory promises of treatment were received from the parents or guardians. The homes of these children were again visited.

In 1932, the numbers of examinations were 8,909; improved, 6,538 (52.0 per cent.); undergoing treatment, 4,937 (39.1 per cent.); no improvement 1,097 (8.7 per cent.).

It is once more apparent that the Cleansing Examinations carried out by the School Nurses have a beneficial and corrective effect. The number of children who have become cleaner in the interval between examinations continues to remain satisfactory.

There are instances, however, of a few dirty families whose mode of life seems unaltered even by the persistent efforts of both School Doctors and School Nurses. Warning letters seem to have little effect upon this class of people.

There were no legal proceedings taken during the year 1933, but cases of neglect were referred to the local inspectors of the National Society for the Prevention of Cruelty to Children, who followed them up and took the necessary steps to ensure that the conditions were remedied and through their efforts many unwilling parents have been persuaded to obtain treatment for defects affecting the health of their children.

(b) NUTRITION.

	1933. Below normal. Per Cent.	1932. Below normal. Per Cent.	1931. Below normal. Per Cent.
Entrants—Boys	3.3	3.8	4.7
„ Girls	2.8	3.5	4.9
8—9 period—Boys	4.5	5.3	5.7
„ Girls	3.1	3.9	5.0
Leavers—Boys	3.3	3.6	4.9
„ Girls	2.7	4.4	5.2

Although the County is hard pressed industrially, there has been no increase in malnutrition in the school children.

When malnutrition is found, the child concerned is given milk during the morning playtime. The child is seen at three monthly intervals.

It must be appreciated that no children give visible appearance of suffering from lack of food. There is no doubt that the provision of school meals has a markedly beneficial effect upon those to whom the meals are supplied.

Whilst there is no pronounced malnutrition existing in the County, there is a certain amount of slight malnutrition in evidence. This state of slight malnutrition is always present in all school communities, and is affected by numerous factors. Amongst the things which effect the children are parental care, sanitation and hygiene of home and school, epidemics, weather and last, but not least, parental income. Naturally where income is small, the family table is not so well supplied. The provisions made by the School Authorities certainly do ease the difficulties of the parents.

(c) MINOR AILMENTS.

Routine inspections disclosed minor ailments in 6.2 per cent. of the children examined. Details of the nature of the minor ailments are given in the statistical tables appended.

There is need for the establishment of Minor Ailments Clinics in the industrial townships of the County, but a scheme to provide these would entail additional medical and nursing staff.

(d) EAR, NOSE AND THROAT CONDITIONS DISCOVERED AT ROUTINE INSPECTIONS.

Nose and throat conditions, discovered at the routine inspections are perhaps the most important of all defects, as by their persistence, other, and far more serious conditions are liable to supervene.

The numbers per cent. are given where throat conditions were met with, tabulated as "Entrants," "8—9 years period," and "Leavers."

	No. Examined	Mouth Breathers	Enlarged Tonsils.		Adenoids		Tonsils and Adenoids	Conditions due to other causes
			Slightly	Much	Slight	Obstructive Adenoid Growth		
Boys—Entrants	3240	p.c. ·15	p.c. 17·3	p.c. 7·1	p.c. ·4	p.c. ·1	p.c. 4·5	p.c. 2·3
Girls—Entrants	3129	·12	17·5	8·3	·4	—	5·0	1·6
Boys—8-9 ...	2640	·11	15·1	5·4	·2	—	3·2	2·4
Girls—8-9 ...	2973	·16	13·2	6·7	·06	—	2·4	1·6
Boys—Leavers...	2678	·44	11·8	4·4	·03	—	1·4	1·3
Girls—Leavers..	2819	·35	11·2	5·9	—	—	1·4	2·7

The incidence of defects of nose and throat throughout England and Wales for the year 1932 was 51·2 per 1,000. This percentage is but 13·4 lower than that of 1931.

From the foregoing tabulated list it will be seen that a considerable number of children had affections of the nose and throat prior to their entering upon school life.

(e) TUBERCULOSIS.

Tuberculous conditions were discovered in .03 per cent. of the children examined at routine inspections, .01 per cent. had tuberculous disease of bones or joints, and .01 other forms of tuberculosis.

Of the children inspected .20 per cent. were suspected of being affected with pulmonary tuberculosis.

Of non-tuberculous chest conditions, 2.6 per cent. of the children inspected had catarrhal conditions of the lungs, and .17 had bronchitis, while .20 per cent. had chest trouble due to other causes.

These figures cannot be taken as an absolute incidence of tuberculosis in school children, as all children showing the least suspicion of the trouble are referred to the Tuberculosis Physicians. A statement of their findings is included later in this report.

(f) SKIN DISEASES.

Of the total children examined at routine inspections 2.3 per cent. were found to have skin diseases, due to:—

	Per Cent.
Ringworm of the Scalp ... ..	.03
Ringworm of the Body ... ..	.04
Scabies ... ..	.17
Impetigo ... ..	.40
Skin Diseases from other causes	1.70

Full details of the “ other causes ” are in the table dealing with the subject.

Fifteen hair specimens were examined for ringworm microscopically at the County Laboratory, 7 being returned as positive and 8 negative.

(g) EXTERNAL EYE DISEASES.

Diseases of the external eye were discovered in 2.0 per cent. of the children seen at routine inspection, viz. :—

	Per Cent.
Blepharitis	1.8
Conjunctivitis ... ..	.17

while other diseases accounted for .37 per cent. of external eye conditions in all children examined.

(h) DEFECTIVE VISION.

The children are normally examined as to their vision in the course of routine inspection in the two groups 8 years of age and 12 years of age respectively.

Two years ago it was decided to examine the vision of all the " Entrant " Group who knew their letters or sounds. The results for the year are tabulated with the other groups, and sufficient visual error has been found to justify the continuance of the work.

For simplification, the results of routine examinations as regards defective vision, are tabulated. There is again this year a reduction in the number of cases. The table shows a slight decrease in the number of squint cases.

Groups	No. of Children Examined	Only One Eye Defective				Cases where both Eyes were equally Defective		Cases of Unequal Error				Squint
		Right		Left				Right		Left		
		$\frac{6}{6}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	$\frac{6}{6}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	$\frac{6}{6}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	$\frac{6}{6}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	$\frac{6}{6}$ to $\frac{6}{24}$	$\frac{6}{24}$ and less	
Entrants—Boys ...	3240	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.
„ Girls ...	3129	.18	.06	.27	.03	1.6	.12	.21	—	.09	.12	1.8
8-9—Boys ...	2640	.38	.03	.25	.06	2.3	.09	.31	.06	.31	.06	1.8
„ Girls ...	2973	1.5	.79	2.3	.90	5.8	1.5	1.9	.68	2.0	.60	.67
Leavers--Boys ...	2678	2.2	.67	2.5	.53	4.4	1.4	1.7	.85	1.7	.80	.70
„ Girls ...	2819	2.2	.85	2.2	1.3	3.6	1.6	1.6	.93	1.6	.93	.33
		2.7	.95	2.4	.78	4.4	1.7	3.0	1.6	3.3	1.4	.42

MYOPES.

The records of examinations of children at the Eye Clinics show that there are many children whose eyes are unfit to stand the strain of education in ordinary elementary schools.

The question of special Myope classes is still in abeyance owing to the difficulty of transport to one central school of the scattered cases in the county.

(i) EAR DISEASES.

The conditions discovered at routine inspection are given in percentages of numbers examined in each group. The percentage of defects is, on the whole, about the same as in the past few years.

		Number examined.	Otorrhoea. Per Cent.	Other Diseases. Per Cent.	Defective Hearing.
Entrants,	Boys	3240	1·3	·52	·15
„	Girls	3129	·86	·22	·15
8—9 period,	Boys	2640	·55	·41	—
„	Girls	2973	·43	·30	·43
Leavers,	Boys	2678	1·15	·29	·29
„	Girls	2819	1·09	·17	·32

(j) DEFECTIVE TEETH.

Apart from the inspections carried out by the School Dentists at the elementary schools, defective teeth were observed and noted during routine medical inspection and 1,366 cases were referred for immediate attention by Medical Inspectors.

The number of children examined by the School Dentists was 40,333. Details will be found in the appended statistical table IV., group IV.

(k) CRIPPLING DEFECTS.

In the course of the routine inspections, 280 cases of deformities requiring treatment, and 96 needing to be kept under observation, were discovered.

6.—INFECTIOUS DISEASE.

Head Teachers are provided with forms upon which they notify to the School Medical Officer and to the District Medical Officers of Health all cases of infectious disease which arise amongst their scholars.

At the commencement of the year the epidemic continued at Abergavenny and the following is a report by Dr. W. R. Nash upon the outbreak:—

(1) Active Immunization of School Children at Abergavenny.

“ I herewith present my completed report upon the active immunization of school children against diphtheria at Abergavenny.

In accordance with your instructions I visited the Medical Officer of Health for Abergavenny on the 13th December, 1932, and was informed by him that the parents of children in Abergavenny would in all probability be glad of the opportunity to have their children protected against diphtheria. Leaflets and consent forms were issued, and Dr. W. Bowen Owen and myself proceeded to test as many of the school children as had obtained consent for the operation, and to immunise those who proved positive. These latter children were finally Schick tested in June, 1933, and the following is the detailed result of the work done:—

School.	Number consented.	Number Schick immunized. negative.	Number Schick tested negative.	Number Schick protected negative children. June/33.	Total
Hereford Road Boys'	181	47	134	131	178
Castle Street Girls'	118	35	79	78	113
Castle Street Infants'	108	—	108	106	106
Park Street Infants'	157	—	157	154	154
Victoria Street	229	72	157	154	226
Roman Catholic	87	18	69	67	85

In addition 16 'toddlers' (1 to 5 age group) were immunized and 12 presented themselves for final Schick test in June, 1933, all of whom were negative and thus fully protected against the disease.

There are now 874 children protected against diphtheria in the urban area of Abergavenny. This represents about 65 per cent. of the total school population, and is considerably over the 50 per cent. stated by Sir George Newman to be necessary for the complete eradication of the disease. The ultimate effect would have been of greater duration had a larger number of the pre-school population been immunized.

However, the results generally have been most satisfactory. Dr. Gwyn Rocyn Jones, the County Pathologist, reports a great diminution, not only in the number of positive swabs, but also in the number of swabs examined. He has kindly supplied the following figures:—

Month.	Private.		School.	
	New cases positive.	Re-swabs positive.	New cases positive.	Re-swabs positive.
September, 1932	2	4	—	—
October, 1932	2	—	—	—
November, 1932	9	3	26	—
December, 1932	13	4	87	30
January, 1933	16	—	—	60
February, 1933	2	2	—	8
March, 1933	2	1	—	—
April, 1933	—	—	—	—

There were no further positive swabs until one occurred in December, 1933. This was a boy who turned out to be a 'carrier.' He had been immunized and but for this would no doubt have contracted the disease.

The incidence clinically has also diminished to almost nil, as only one case has been reported since the work was finished. and that in a child who was not protected.

There is no doubt that the assistance rendered by Dr. H. L. S. Griffiths, the local Medical Officer of Health, the local practitioners, and the Head Teachers and staffs has accounted in no small measure for the excellent results obtained.

(2) Diphtheria Carriers.

I have discussed with Dr. Gwyn Rocyn Jones, the question of the length of time diphtheria carriers are absent from school, and whether some more active and organised measures could not be taken to obtain the necessary negative results more quickly.

It is common knowledge that the local practitioners do not do much in the way of local throat treatment in these carriers, and as they are under no restraint out of school they would appear to be as great a menace through mixing with other children in the streets, Sunday schools, etc., out of school as they are in school.

We thought quicker negative results could be obtained if the children excluded were compelled to attend some given place and were given throat treatment (gargles, etc.) under the supervision of a school nurse. This

should be done at least once a day. Further, children with persistently positive results should have their nose and throat sprayed with anti-toxin by a Medical Officer. The latter is admittedly an experiment, but results elsewhere appear to justify a trial, and the cost of anti-toxin used, if successful, would be very much outweighed by getting the children to school several weeks earlier."

During the year 3,002 swabs were taken by the School Medical Staff and examined for diphtheria bacilli at the County Laboratory, 6 schools (9 departments) being involved. The examination of the swabs gave 238 positive and 2,764 negative results.

When the diphtheria bacillus was found in a swab, the parents of the child were notified and advised to call in a medical practitioner; the child was excluded from school and the Medical Officer of Health of the area in which the child resided was notified. The positive cases were re-swabbed until three consecutive negative results were obtained.

The notifications received from Head Teachers were:—

Measles	...	...	1303	Scabies	...	...	5
Whooping Cough	...	...	340	Impetigo	...	...	13
Scarlet Fever	...	...	563	Influenza	...	...	6002
Chicken Pox	...	...	603	Other Diseases	...	...	34
Mumps	...	...	589				
Diphtheria	...	...	148				9606
German Measles	...	...	1				
Ringworm	...	...	5				

It was found necessary to close 8 departments on account of the prevalence of infectious or other diseases as follows:—Chicken Pox 1, Influenza 4, Measles 2, Diphtheria 1. Authority is now given to Head Teachers whereby registers need not be marked when, through the prevalence of infectious disease amongst the scholars, the percentage of attendance for any week falls below 60 per cent.

Certificates were given to 64 departments on account of the following conditions:—

Measles	...	...	11	Chicken Pox	...	...	5
Whooping Cough	...	...	2	Mumps	...	...	4

Disinfection of school premises is undertaken by the County Sanitary Inspector when necessary.

There were in addition 8 specimens of urine and 4 eye swabs from school children examined at the Laboratory.

7.—FOLLOWING UP DEFECTS DISCOVERED AT ROUTINE INSPECTION.

Re-examination of all children defective at previous medical inspections is made by the Medical Inspectors.

The following table gives the number of re-examinations made by Medical Inspectors and the result thereof:—

Condition	No. of defects for which treatment was considered necessary.			No. of defects still awaiting final report.	No. of defects treated	Results of Treatment.			No. of defects not treated	Percentage of defects treated
	Old Routine Cases	Special Cases	Total			Remedied	Improved	No improvement.		
Nutrition ...	1210	155	1365	405	960	273	322	365	...	71.0
Uncleanliness { Head ...	320	30	350	81	236	157	79	...	33	67.4
{ Body ...	44	9	53	8	32	28	4	...	13	60.3
Clothing { Dirty or Ragged ...	12	2	14	3	9	6	3	...	2	64.2
{ Excessive ...	7	...	7	3	4	3	1	...	...	57.0
{ Insufficient ...	4	1	5	1	4	4	...	...	...	80.0
Poor Footgear ...	33	2	35	8	27	17	...	10	...	77.1
{ Ringworm { Head... ..	22	5	27	12	15	15	...	...	...	55.5
{ Body ..	8	...	8	5	3	3	...	...	...	37.4
Skin { Impetigo ...	99	3	102	33	69	56	5	8	...	67.6
{ Scabies ...	27	2	29	11	18	18	...	...	...	62.0
{ Other Skin Diseases ..	241	6	247	66	181	136	15	30	...	73.2
Eye { Vision and Squint ...	1494	273	1767	617	1076	472	225	379	74	60.6
{ External Eye diseases ...	308	13	321	94	227	138	39	50	...	70.7
{ Otorrhoea ...	166	23	189	61	126	72	14	40	2	66.6
Ear { Defective Hearing ...	100	34	124	44	80	40	23	17	...	64.5
{ Other Ear Diseases ...	64	19	83	23	56	39	8	9	4	67.5
Nose { Enlarged Tonsils... ..	4353	281	4634	1131	3178	761	692	1725	325	68.5
and { Adenoids ...	49	7	56	21	32	19	8	5	3	57.1
Throat { Tonsils & Adenoids ...	1112	80	1192	303	748	259	97	392	141	62.6
{ Other Diseases ...	494	55	549	162	387	257	32	98	...	70.4
Enlarged Glands ...	912	50	962	263	699	381	106	212	...	72.6
Defective Speech ...	90	32	122	45	77	22	18	37	...	62.9
Teeth ...	3489	288	3777	963	2545	1162	889	494	269	66.9
Heart and { Heart Disease ...	1791	140	1911	545	1366	457	139	770	...	71.4
Circulation { Anæmia ...	352	46	398	141	257	105	56	96	...	64.5
Lungs { Bronchitis ...	165	22	187	59	128	99	22	7	...	63.1
{ Bronchial Catarrh ...	582	80	662	230	432	308	39	85	...	65.2
Tuberculosis { Definite ...	10	15	25	11	14	...	6	8	...	56.0
{ Suspected ...	22	37	59	22	37	7	13	17	...	62.7
{ Other Forms ...	17	34	51	21	30	5	11	14	...	58.8
Nervous { Epilepsy ...	7	6	13	7	6	1	1	4	...	46.1
System { Chorea ...	10	9	19	6	13	7	3	3	...	68.4
{ Other Forms ...	37	26	63	28	35	22	5	8	...	55.5
Deformities ...	186	67	253	91	162	38	60	64	...	64.0
Other Diseases or Defects ...	794	185	979	327	631	262	111	258	21	64.5
Totals ...	18637	2035	20672	5855	13930	5664	3048	5218	887	66.1

Number of children re-examined = 9405, with 20,672 defects.

Defects in school children, which require attention, are notified by letter to the parents. If the defect is one for which the County provides treatment, parents are urged to bring the children to the Treatment Centre.

During the year 30,335 notices were forwarded in regard to 28,512 children. The figures include defects notified by the Dental Surgeons, but not defects noted at cleansing examinations.

In these cases Health Visitors visit the homes of the children to point out to the parents the necessity of treatment; if this has not already been obtained. Defects totalling 4,601 were investigated at the homes by the nurses and the following information was elicited from the parents:—

Actually receiving attention	...	...	...	1,280
Promised to obtain attention	...	...	...	2,546
No satisfactory reply received	...	...	...	775

8—MEDICAL TREATMENT.

SCHOOL CLINICS.

There are ten School Clinics in the Administrative County, as follows:—

				Defects Treated.
Rhymney Cottage Hospital	...	...	...	Teeth, Vision, Tonsils, and Adenoids.
Nantyglo and Blaina Hospital	...	...	...	Ditto.
Pontypool and District Hospital	...	...	...	Ditto.
Crumlin, Hafodyrynys Road	...	...	...	Teeth and Vision.
Abercarn, The Surgery	...	...	...	Ditto.
Blaenavon, The Surgery	...	...	...	Ditto.
Tredegar, The Surgery	...	...	...	Ditto.
Pengam, Vine House	...	...	...	Ditto.
Newport, Stanley Road	...	...	...	Teeth, Vision, Tonsils, Adenoids and Minor Ailments.
Trevelling School Clinic	...	...	...	Teeth and Vision.

TRAVELLING CLINIC.

There are some children, whose parents, due either to geographical or financial reasons, are not in a position to obtain privately any form of effective treatment. These continue to take full advantage of the facilities which the Travelling Clinic gives,

The Travelling School Clinic continues to give good service. Its speed and ease of handling enable the country districts to be well served.

During the year 2,529 children were treated for defective teeth (3,298 attendances), and 235 children attended for correction of errors of refraction. Since the inauguration of the Travelling Clinic in 1921, 21,532 children have received the benefit of attention to these two defects, and it can safely be asserted that but for the provision of this Clinic the vast majority of these children would not have had the necessary treatment.

PAYMENT SCHEME.

The payment scheme, which was set out in the report for 1924, continues to operate.

The amounts received during the year 1933 were as follows:—

Treatment Received.			Amount Received.			Total amount still outstanding to be collected from parents.
Dental	...	...	...	96	6 6	16 8 0
Tonsils and Adenoids	...	...	...	27	11 0	1 8 6
X-Ray	...	...	...	1	11 6	—
Total			£125 9 0			£17 16 6

Amounts received for:—

				£	s.	d.					£	s.	d.
1924	..	...	...	34	11	6	1928	...	...	...	61	6	0
1925	...	...	...	45	14	6	1929	...	..	..	82	11	0
1926	...	...	...	51	14	6	1930	...	...	...	95	17	0
1927	...	...	...	44	4	0	1931	...	...	...	136	9	0
							1932	...	...	...	124	11	0

The following Table shows the numbers treated at the Clinics during the year 1933.

Clinics	Number of Appoint-ments made.	Number of Appoint-ments kept.	Percentage of Appoint-ments kept	NUMBER OF CHILDREN TREATED)						
				Teeth.	Vision	Tonsils and Adenoids	X-Ray	Minor Ailments		
								Actual Cases	Visits Paid to Clinic	
Abercarn	862	607	70.4	409	58	...	...	...	...
Blacnavon	1457	936	64.2	588	108	...	...	...	...
Blaina	2109	1352	64.5	873	125	21	...	...	...
Crumlin	1780	1129	63.4	686	186	...	...	...	...
Pontypool	2098	1450	69.1	895	165	57	...	...	...
Rhymney	684	467	68.2	256	136	27	...	...	...
Tredegar	1398	840	60.1	453	183	...	...	...	...
Pengam	2816	1690	60.1	1122	233	...	...	...	...
Newport	4820	3379	70.1	1208	453	440	24	335	712	
Travelling Clinic ...	5124	3878	71.4	2529	235	...	...	...	...
Totals	23448	15628	66.6	9019	1882	545	24	335	712	

(a) MINOR AILMENTS.

The number of children who received treatment for minor ailments during the year was 765. Of these cases, 335, or 43.7 per cent., were treated at the Clinic, Newport, and 435, or 51.6 per cent., by the parents' own medical attendants.

The Report of the Medical Officer in charge of the Newport Clinic, Dr. M. H. Gordon, is as follows:—

“ During the year 1933, the Minor Ailment Clinic was held in Stanley Road School Clinic on Wednesday mornings.

The attendance throughout the year was satisfactory on the whole, though the number of new cases, and the total number of cases attending, show a decrease over the corresponding figures for 1932.

In necessitous cases, where the parent was unable to pay the rail fare, assistance towards doing so was given.

Of the new cases attending, Otorrhœa formed one quarter, and cases of deafness and nasal trouble formed over one-third. Many of these were cases of catarrhal deafness associated with enlarged tonsils and adenoids, or some chronic nasal condition. The former were sent for operative treatment to the County Tonsil and Adenoids Clinic—any other cases which did not respond to treatment were referred for further advice to Mr. J. A. Lee, Consulting Ear, Nose and Throat Surgeon to the County Council.

No cases of Otorrhœa were treated by Zinc Ionization during the year. It was found during the previous year that while, in some of the cases treated by Ionization, results were spectacular, in other chronic cases (which formed the large majority reporting at the Clinic) treatment by Ionization had no advantage over the former routine treatment with Hydrogen Peroxide and Spirit drops. Many of the cases of Otorrhœa had some nasal trouble as the causal factor, and even though Ionization cured the Otorrhœa for a time, re-infection seemed to occur very quickly. Cases with septic tonsils as the primary cause did well after removal of the tonsils.

Diseases of the skin again formed the largest proportion of the other cases treated. Of these, Ringworm, Eczema and Impetigo were most numerous. The latter cleared up quickly. The extensive and severe cases of Ringworm were referred for X-Ray treatment—milder cases yielded to treatment with antiseptic ointments. The more acute and localised cases of Eczema responded well to treatment, but some cases of the chronic type occurring amongst children of poor physique living in indifferent homes proved very resistant to treatment and were referred to the Skin Out-patient Department, Royal Gwent Hospital, for admission if possible.

Cases of Blepharitis were again numerous and cleared up fairly well on the whole. Where septic foci of teeth and tonsils were responsible, cases did very well after removal of those foci. Cases associated with an impetiginised eczema of the scalp and face did not do well. The importance of constant daily treatment with the lotions and ointments prescribed, was impressed upon the parents. In only a small percentage of cases were errors of refraction found responsible.

Many cases were referred for clinical examination—sent by the Heads of the various schools in the County."

The following are particulars of the cases which received attention at the Minor Ailments Clinic during the year:—

	No. of Cases treated			No. of visits paid to Clinic.	Results of Treatment.						No of visits necessary to cure defects								
	Brought for-ward from last year.	New Cases	Total		Cured	Declined appointment.	Obtained treatment from local doctor	Still under treatment	Referred to Hospital or other Clinics	Referred for X Ray	1	2	3	4	5	6	7	8	9
Ringworm	...	9	9	13	2	3	1	1	...	2	...	...	...	...	...	...	...	...	...
Impetigo	1	4	5	7	4	1	...	...	...	1	...	...	...	...	...	...	...	...	...
Seborrhœa	4	8	12	23	2	6	1	...	2	1	...	...	...	...	...	...	...	...	...
Eczema	4	15	19	42	10	6	...	2	1	...	5	2	...	3	...	...	...	...	...
Scabies	...	3	3	5	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Other Skin Diseases	9	18	27	36	21	5	...	...	1	...	15	1	5	...	...	...	...	...	...
Blepharitis	7	23	30	60	21	4	1	2	2	...	9	4	2	2	1	...	...	2	...
Conjunctivitis	...	1	1	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Corneal Ulcers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phlyctenular Ulcers	...	3	3	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Eye Diseases	...	3	3	3	...	1	...	2	2	...	...	...	...	...	...	...	...	...	...
Otorrhœa	54	62	116	351	26	33	4	51	2	...	3	3	5	1	2	...	2	3	7
Wax in Ears	3	8	11	15	9	2	...	4	...	...	6	1	2	...	...	...	...	...	...
Other Ear Diseases	11	55	66	114	43	8	5	...	6	...	27	9	5	1	...	1	...	...	...
Enlarged Glands	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Clinical examination only	...	33	33	42	16	2	6	...	9	...	12	1	2	1	...	...	...	...	...
Totals	93	242	335	712	157	71	18	61	25	3	82	23	23	10	3	2	2	5	7

45 sessions were held, 1075 appointments were made and 712 kept, a percentage of 66·2.

The Committee paid the rail fares on 471 occasions, at a total cost of £75 0s. 2d.

(b) TONSILS AND ADENOIDS.

During the year, 1,985 children in whom nose and throat defects (routine and special cases) were discovered, were referred for treatment.

Pronounced cases are referred for immediate surgical treatment, but otherwise the procedure adopted is as follows:—

1. Where the amount of the obstruction is slight, but accompanied by a certain amount of mouth breathing and poor chest development, an attempt is made with the co-ordination of the Instructors of Physical Training to improve the condition by means of regulated breathing exercises.
2. When on subsequent inspection or inspections, the foregoing has proved to have had no beneficial effect, then these children are referred for operative treatment.
3. After operative interference the child is again examined, and is specially referred to the Instructors for training in breathing exercises. In many cases it is found that children persist in the mouth breathing habit even after the cause has been removed.
4. A few cases still persist as mouth breathers and in poor condition physically. In such it is often found that a nasal obstruction coincident with the other condition causes the trouble on its own account. In such cases the child is referred for nasal treatment.

The following cases received attention at the County Tonsils and Adenoids Clinics.

Name of Clinic.	NEW CASES.				No. of Sessions.
	No. of appointments made	No. kept.	Tonsils and Adenoids removed	Remarks.	
Blaina ...	36	25	21	4 deferred ...	3
Newport ...	541	451	440	11 „ ...	61
Pontypool ...	68	60	57	3 „	6
Rhymlwydd ...	32	27	27	...	3
Total	677	563	545	18 deferred ...	73

In addition to the above, 70 ear, nose or throat cases were specially examined and advice given by Mr. Lee at his consultation clinics.

The Committee paid the rail fares on 115 occasions at a total cost of £25 10s. 5d.

Mr. J. A. Lee, F.R.C.S., the Consultant Surgeon, reporting upon the year's work, states:—

“ During the year 1933, operations were performed upon 545 children for the removal of tonsils and adenoids at the four clinics under the Education Authority.

There are still about 600-700 on the list waiting for operation.

In addition to the operations performed, I examined and prescribed treatment for 70 children who were seen on various Saturday mornings in consultation with Dr. Mary Gordon.”

(c) TUBERCULOSIS.

Of the 30,105 children examined during the year (Routine, Specials and Re-examinations), 175 cases, or .58 per cent., were referred to the Tuberculosis Physicians of the King Edward VII. Welsh National Memorial Association for diagnosis and, if necessary, treatment.

The following reports are submitted by Drs. A. Carveth Johnson and F. Wells, the Tuberculosis Physician:—

Dr. A. Carveth Johnson, East Monmouthshire Area.

Number of children examined during the year	...	...	307
Do.	found to be suffering from Pulmonary		
	Tuberculosis	...	12
Do.	found to be suffering from Non Pulmonary		
	Tuberculosis	...	26
Do.	found to be Non Tuberculous	...	269
Do.	on the Tuberculosis Officer's Register		
	at the end of the year, suffering from		
	all forms of Tuberculosis	...	201
Contacts included in the number above are as follows:—			
	Suffering from Pulmonary Tuberculosis	...	2
	Do.	Non Pulmonary Tuberculosis	1
Non Tuberculous	...	...	93

Dr. F. Wells, West Monmouthshire Area.

Number of New Cases examined (excluding contacts) ...	394
Number of Contacts examined at the homes of diagnosed patients	140
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Total Number, New Cases examined ...	534
<hr/>	
Number diagnosed as suffering from—	
(a) Pulmonary Tuberculosis	17
(b) Non-Pulmonary Tuberculosis	19
<hr/>	
Total ...	36
<hr/>	
Total No. of children attending the Dispensary and Clinics for 1933	1,940
Number of Children who received treatment at Institutions—	
(a) Hospital	24
(b) Sanatorium	3
(c) Highland Moors	12
<hr/>	
	39

(d) SKIN DISEASES.

The parents of 35 children (routine and re-examination cases) suffering from Ringworm were notified that treatment was required. Six, or 17.1 per cent. are recorded as having undergone treatment locally, 9 were treated at the Newport Minor Ailment Clinic and 20 received X-Ray treatment under the Local Education Authority's Scheme. They were treated by Dr. J. McGinn.

The number of Scalp Ringworm children treated by X-Rays is given in the following table:—

Number of Cases referred from 1932	Number of New Cases.	Number of Appointments made	Number of Appointments kept	Number Cured	Number Declined Treatment	Number still under Treatment	Number of Visits Necessary to Cure								
							1	2	3	4	5	6	7	8	9
4	16	124	108	11	3	6	...	...	3	...	2	...	1	3	2

Regret must be expressed at the loss which this Authority has sustained in the death of Dr. J. McGinn, who died in January, 1934. Dr. McGinn has for many years treated so successfully by X-Ray cases of Ringworm referred to him by your staff. Since his death the Clinic has been closed.

The Education Committee paid the rail fares on 59 occasions at a cost of £9 8s. 2d.

(e) EXTERNAL EYE DISEASE.

During the year 520 children were referred for treatment on account of external eye trouble. Of this number 227, (or 43·8 per cent.) followed the advice given and sought treatment on their own, whilst 64 were treated at the Clinic.

(f) VISION.

For errors of refraction, squint, and other defects of vision, 2,405 children were referred for treatment. In 1,886 cases the offer of further investigation and if necessary, treatment at the Clinic, was accepted.

Children for whom spectacles were prescribed at the School Clinics were re-examined at the next visit of the Medical Inspector to the School.

In cases where there was a high error of refraction, especially if myopic in character, the children were periodically re-examined at the Clinic.

Where the error, especially if due to myopia, is a very high one, it is sometimes found necessary to exclude the child from school, so that the limited vision the child possesses shall be conserved.

In other cases it is found to be sufficient to advise the Head Teacher that it is necessary for the child to refrain from using the eyes for near work until otherwise advised.

Those of the Assistant School Medical Officers who have had experience in the correction of errors of refraction are in charge of the eye clinics and they deal with the majority of the cases which are examined. Children suffering from bad squint and severe defects of vision are referred to Mr. R. J. Coulter, F.R.C.S., the Consultant Ophthalmic Surgeon, who reports upon the year's work as follows:—

“During the year 270 cases were dealt with at the Special Eye Clinic on Monday afternoons. Of these 212 came from Elementary Schools, 8 from Secondary Schools, and 50 from Infant Welfare Centres. The majority of these were suffering from Squint but a considerable number were suffer-

ing from conditions which required careful investigation and considerable judgment as to the best measures to be taken with regard to treatment or training.

The monthly conferences with the School Medical Officers were held regularly and are proving of great value not only in making the members of the staff acquainted with the conditions present in difficult cases, but also in co-ordinating the work with regard to general questions such as the standards for recommending admission to a Blind School or special precautions in an ordinary school."

The record of work accomplished at all the Clinics during 1933 is:—

Number of children examined:—

New cases	...	...	...	...	1250
Re-examination	...	...	...	...	632
					<hr/>
					1,882
					<hr/>

The number of appointments made was 2,458 and the number kept, 1,882, a percentage of 76.5.

Conditions found on examination:—

Defective Vision (one eye)	...	...	321
Defective Vision (both eyes)	...	...	807
Squints	...	...	82
Defective Vision and Squint	...	...	40
Myopia	...	...	139
Myopic Astigmatism	...	...	104
Hypermetropia	...	...	181
Progressive Myopia	...	...	3
Hypermetropic Astigmatism	...	...	408
Mixed Astigmatism	...	...	116
Conjunctivitis	...	...	3
Blepharitis	...	...	51
Nystagmus	...	...	4
Amblyopia (one eye)	...	...	6
Myopic Crescents	...	...	1
Ptosis	...	...	10
Photophobia	...	...	3
Styes	...	...	10
Other Diseases	...	...	7

Action taken:—

New cases:—

Spectacles recommended	...	...	951
Spectacles not needed	...	...	299

Re-examinations:—

Change of spectacles recommended ... 447

No change necessary ... 185

Spectacles provided by Committee on account of poverty of parents, 537, with repairs to 37 pairs, at a cost of £150 17s. 3d.

Train fares of children and parents paid by Committee on account of poverty, 153 cases, at a cost of £18 5s. 10d.

Head Teachers were advised that children should do no near work in 6 cases.

Results of re-examination at School of children seen at Eye Clinics:—

	Cases in which parent defrayed expenses of visit to Clinic	Cases in which Committee paid expenses.	Totals.
No. Examined ...	792	389	1181
Glasses worn and found to be satisfactory ...	235	120	355
Glasses requiring repairs ...	45	45	90
Glasses obtained but not worn on day of examination ...	64	33	97
Change of lenses necessary ...	11	5	16
Glasses not obtained ...	44	2	46
Vision improved, no need to wear Glasses ...	123	23	146
Referred for Re-Examination ...	250	147	397
Frames requiring changing ...	5	4	9
Glasses lost ...	6	3	9
Frames broken or bent ...	9	7	16

It will be noticed from the above table that in 46 cases glasses were not obtained after prescriptions had been given. The provision by the Committee of free spectacles in necessitous cases has not only been of the greatest assistance to the child, but has proved a great economy in the time of the examining doctors.

Every effort is made to see that the children obtain the spectacles they need. On subsequent examination it is found that far too many children are not wearing the glasses. This is partly due to parental carelessness, in not keeping glasses in repair, and insisting upon them being worn. Not until the parents co-operate more closely with the school doctor will the benefits provided be used to the utmost advantage.

(g) EAR DISEASE AND HEARING.

Treatment for ear disease was carried out at the Clinic, Stanley Road, Newport.

There were 709 cases of ear disease referred for treatment. Of this number 193, or 27·2 per cent., were brought to the Clinic. As will be observed in the tabulated list, otorrhoea is the most prevalent factor in ear trouble among the children, and it is essentially one that requires careful supervision in its treatment, otherwise regrettable sequelæ might follow.

(h) DENTAL DEFECTS.

The work done at the Dental Clinics shows an increase over previous years. The mouths of the children are a good deal healthier than in years gone by. But it is a regrettable feature that there are far too many permanent teeth allowed to decay beyond repair—this is shown by the number of permanent teeth extracted—being 4,358.

Despite annual dental inspections and periodical home visiting—the parents still allow their children to lose their teeth. There is still ignorant prejudice against “ fillings ”—although they are done painlessly, and preserve the teeth for many years.

There is no reason to-day why a child should lose any of its permanent teeth through decay during its school life.

The Chief Medical Officer of the Board of Education, in his report for the year 1931, expressed a wish that a record should be made of the number of children in any area who are naturally entirely free from caries.

Such information secured would show whether the incidence of freedom from dental disease is in any degree a geographical matter, dependent upon such conditions as climate, water supply and so on. Secondly, it would show to what extent environment conditions, such as town life as compared with country life, affect the incidence. Thirdly, it would show to some extent whether freedom from dental disease is hereditary, tending to run in families. Finally, it should give some indication of the conditions of life which tend to confer immunity.

During the year the Dental Staff discovered the following who were possessed with a full complement of teeth between the ages 12—13 years:—

Boys	9	Girls	8
------	-----	-----	---	-------	-----	-----	---

The following Table shows the dental work done, Fillings or Cases, during 1933:—

Clinic.	Actual Number of Children treated.	Percentage of appointments kept	Number of Fillings done.	Number of Gas Anæsthetics	Number of temporary teeth extracted.	Number of extractions of permanent teeth.	Number given local anæsthetics.
Abercarn	409	69·6	186	389	1030	253	3
Blaenavon	588	62·7	415	519	1532	376	3
Blaina	873	62·4	679	711	1709	497	3
Crumlin	686	61·5	494	525	1595	266	3
Newport	1208	67·6	1043	844	3056	457	7
Pengam	1122	58·4	835	905	2776	442	8
Pontypool	895	67·0	446	893	2798	608	5
Rhymney	256	63·0	44	269	815	147	—
Tredegar	453	56·6	294	425	1317	271	—
Travelling Sch. Clinic	2529	70·8	2019	1908	5351	1041	5
Total	9019	65·2	6455	7388	21979	4358	37

Train fares of children and guardians were paid by the Committee on account of poverty of parents in 336 cases at a cost of £18 19s. 11d.

Reviewing the year's work, Mr. C. J. Hurry Riches, the Senior Dental Surgeon, reports as follows:—

“In reviewing the Dental work done in the County during the past year, it is pleasing to find that the percentages of appointments kept are practically all above 60 per cent., and even in clinics that average between 50 and 56 per cent., there has been some increase.

There is of course still some difficulty in getting appointments kept for fillings, as very many people still feel that even where fillings are needed and done it will be necessary to extract the teeth so treated in a very short time afterwards; this idea being quite wrong.

So many parents seeing a blackish patch in a tooth immediately mistake it for decay (Caries), whereas, filling in teeth (i.e., back teeth) generally become discoloured (this being the Amalgam filling).

During the coming year I think that the figures for treatment will probably be much increased again, as they have been during this past year. Probably there will be fewer Dental inspections in School.

I still feel, as I mentioned in last year's report, that as soon as practicable a Clinic (Dental), situated at Pontllanfraith or Blackwood (prefer-

ably Pontllanfraith, would be of immense value to a large and thickly populated area, and I feel sure there would be very ready response for treatment offered in the area.

In reference to the number of children inspected at school by the Dental Staff, there has been a very great increase in numbers, in all 40,333, which is an increase on the previous year of about 12,000.

As to the treatment carried out the foregoing table gives details.

The number of Gas cases has increased by over 500, and the number of fillings done was 6,528, a decrease of over 1,000, which shows marked improvement in gas, but illustrates the difficulties with fillings.

The Travelling School Clinic shows what a great asset it is in the County, as in addition to rural areas where treatment can only be given satisfactorily by this means; there are several thickly populated areas which are visited by means of the Travelling Clinic, I refer to Bedwas, Risca, Ynysddu and Cwmfellinfach, as well as Abergavenny and other places.

In the Maternity and Child Welfare (Dental) Section there has been an increase of 100 again this year.

The number of very small children treated has been much in evidence, I refer to children under school age and between $2\frac{3}{4}$ and $4\frac{1}{2}$ years of age."

(i) ORTHOPÆDIC DEFECTS.

There are 185 cripple children on the Register and of this number there were 11 cases in the Royal National Orthopædic Hospital at the end of the year.

Mr. Arthur Rocyn Jones, M.B., B.S., F.R.C.S., the Consulting Orthopædic Surgeon, visits the Central Orthopædic Clinic, Newport, once a month for the purpose of examining the new cases and re-examining children who have received treatment at the Royal National Orthopædic Hospital, and also those cases that need revision of their treatment. The following cases were seen by him in the year.

Spastic equinus	...	...	1	Old fracture internal condyle	1
Dislocation of hip	...	...	2	Tubercular dactylitis	1
Bowing of tibia	...	...	1	Mallet toe	1
Genu Valgum	...	...	1	Hammer toe	1
Pes Plano-Valgus	...	...	1	Fracture tibia	1
Pes Cavus	...	...	1	Pes Cavo-varus	1

Scoliosis	...	...	7	Old fracture Left Leg	1
Infantile paralysis	...	...	1	Diagnosis not yet defined	7
Haemophilic Arthritis	...	...	1	Progressive muscular atrophy	2
Osteomyelitis	...	...	1	Left forearm amputated	1
Naevo muscular lesion of	...	...	1	Paralytic drop foot	1
Spinal Muscles	...	...	1	Traumatic Torticollis	1
No physical signs	...	...	5	Pain in hip	2

RECOMMENDATIONS.

Admission to the Royal National Orthopædic Hospital, Great	
Portland Street	11
Admission to the Royal National Orthopædic Hospital,	
Country Branch, Brockley Hill	4
Referred for X-Ray examination	9
No treatment recommended	7
Sole Pads and wedges	1
Exercises and massage treatment at Newport Clinic	2
Kept under observation	4
Continue treatment	1
Referred to Physician	2
For instrument and crutch (walking caliper)	2
Referred to General Hospital	1
Referred to Neurologist	1
Referred to Welsh National Memorial Physician	1

46

In addition, 239 children previously seen by the Consultant Orthopædic Surgeon were re-examined at the Newport Clinic.

Eleven children of school age were at the Royal National Orthopædic Hospital, or its Country Branch at Brockley Hill, on the first day of the year, and 32 new cases were sent there during the year under the scheme whereby 24 beds have been retained for crippled children (of school age and under that age) of this County.

The defects from which these 32 children suffered were:—

Equino-Varus	...	...	1	Hare Lip—Cleft palate	...	1
Hemiplegia	...	...	2	Old fracture, ankle	...	1
Scoliosis	...	...	8	Spastic paraplegia	...	1
Pes Cavus	...	...	1	Bi-lateral Madelung's deformity	...	1
Coxa Vara	...	...	3	Renal rickets	...	1
Pes Cavo- varus	...	...	1	Anterior Poliomyelitis	...	1
Torticollis	...	...	1	Genu Varum	...	1
Webbed fingers	...	...	1	Perthé's Disease	...	1
Talipes equinus	...	...	2	Genu recurvatum	...	1
Birth palsy	...	...	1	Foot in equinus	...	1
Sl. Varus	...	...	1			

Three cases were sent to the Prince of Wales' Hospital, Cardiff, during the year for treatment and the defects from which they suffered are as follows:—Anterior Poliomyelitis deformities, Pes carvus, and Hare lip.

Upon their discharge from the Orthopædic Hospital the County Medical Officer takes charge of their after care. He sees them periodically at the Central Orthopædic Clinic, Newport, and at the Orthopædic Clinics at Pengam and Crumlin, and supervises massage and electrical treatment, when this is necessary. A close watch is kept upon the surgical boots and instruments which have been supplied to the children, to see that these are worn constantly and continue to be suitable. During the year the County Medical Officer examined 177 children.

Forty-three children attended the Clinic for massage and electrical treatment during the year, making 1,108 attendances.

The Education Committee paid the rail fares on 567 occasions, at a cost of £76 9s. 2d.

The following instruments, etc., were supplied by the Committee for physically defective children, for which the Education Committee paid £151 16s. 4d.

Alteration to boots	37	Walking instruments and	
Caliper splint	1	alteration to boots	2
Boot and caliper	1	Night shoes	2
Boots fitted with wedges, etc.	1	Double caliper	1
Repairs to instruments	8	Spinal jackets	5
Tin shoes	3	Walking irons	3
French crutches	1	Spinal support	4
Pairs of boots	3	Surgical boots	1
		Patten to boots	2

Ten children with surgical tuberculosis were treated at the hospitals of the Welsh National Memorial Association.

Several consultations have been held during the year between the County Medical Officer and Mr. W. J. Harris, one of the County Manual Instructors who has provided the department with most useful splints for special crippling. The County Medical Officer has pleasure in acknowledging his indebtedness to Mr. Harris,

The report upon the year's work by the Consultant Orthopaedic Surgeon is as follows:—

“ During the year 12 visits were paid to the County Orthopaedic Clinic, each visit consisting of a morning and afternoon session. 46 new patients were examined and 239 re-examinations were made of patients, the majority of whom had had treatment either at hospital, at the County Clinic or by means of appliances; a small number were under observation only. 44 patients were treated at the Royal National Orthopaedic Hospital, London

The following is a classification of the new patients examined in 1933, and of the patients under treatment in hospital; some of these latter were admitted in 1932 but were in hospital at the beginning of 1933 and are therefore included.

Classification.	New cases examined in 1933.		Undergoing treatment in Hospital in 1933.	
1. Congenital	9	...	4
2. Paralytic	4	...	6
3. Acquired	26	...	32
4. Rickets	1	...	2
5. Tuberculosis	1	...	—
6. No signs of disease	5	...	—
		<hr/> 46 <hr/>		<hr/> 44 <hr/>

In the latter half of 1932 there was a small epidemic of infantile paralysis in the County. Such epidemics occur from time to time in different parts of the country, but Monmouthshire has escaped very well from these visitations. The causal agent of infantile paralysis has not yet been discovered but there is a strong presumptive evidence that it is due to a very minute micro-organism. The immediate treatment is isolation of the patient as in any other infectious disease and the early institution of Orthopaedic treatment to prevent deformity and to aid in the recovery of paralysed muscles. Every case brought to the notice of the County Medical Officer received this treatment and some of the patients were treated in hospital. There can be no question that by the early treatment thus provided by the County a good deal of invalidism and crippling have been checked in these children and in one or two instances complete recovery from the paralysis resulted.

Amongst the children treated during the year there was one boy aged 10 years of outstanding interest owing to the grave and very rare disability from which he suffered. He was brought to the clinic with a painful and deformed stiff neck and it was discovered that the upper part of his neck was dislocated forwards carrying the head with it. His very life was in

jeopardy, for a slight blow on the head might be instantaneously fatal. The boy was admitted to the Royal National Orthopædic Hospital and the dislocation reduced by slow and cautious traction. A complete cure was effected. At the meeting of the International Society of Orthopædic Surgeons held in London in July, 1933, this young patient from Monmouthshire was exhibited and his exceptional medical history aroused considerable interest amongst surgeons drawn from all over the world.

I need hardly remind you that although several of the Monmouthshire patients are by the nature of their disability and treatment what may be termed long stay cases, yet the education Committee can feel happy as far as their education is concerned, for it is a special concern of the Royal National Orthopædic Hospital that all its child in-patients shall receive adequate education facilities. It was the first hospital in this country to create a hospital school and this was started as early as 1891. There is a full staff of teachers assisted and approved by the London County Council and skilled in the teaching of the hospital child. Indeed some of these children receive more individual teaching than they would have in an ordinary Council School.

During the year I have examined children suffering from surgical tuberculosis and later have been able to direct their treatment upon their admission to the hospitals of the Welsh National Memorial Association, which I visit periodically."

9.—OPEN-AIR EDUCATION.

The provision already made for open-air education was continued during the year. It is to be regretted that the financial condition of the County has not permitted any extension of this valuable work.

(a) *Playground Classes.*

In fine weather playground classes are arranged at most of the Schools where facilities are available.

(b) *School Journeys.*

These are part of the curriculum of every School and take the form of a Nature Study lesson.

(c) *School Camp.*

No school children from this County were sent away to the Pendine School Camp during 1933.

(d) Ty Gwyn Convalescent Home.

Through the philanthropy of the Misses Davies of Llandinam, a Convalescent Home at Llwyngwrl, Merioneth, was opened during the year 1930, and each year since this Authority has been favoured with a few vacancies. During the year 1933 three girls were admitted, in March.

The five girls sent to the Home in 1932 were discharged during 1933, and were visited at a later date by one of the Authority's Medical Officers and found to be very well and maintaining the excellent physical condition acquired during their stay at the Convalescent Home.

The Convalescent Home has been approved by the Board of Education and a Teacher with nursing experience is engaged; already splendid results have been attained.

(e) Open-air Residential School, Broadstairs.

Through the kindness of the General Secretary of the " Save the Children " Fund, this Authority was offered vacancies for five girls who were admitted during the year, and of these four remained at the end of the year, at Fairfield House School, Broadstairs.

Subsequent to their discharge the children are examined and in all cases the general health has shown marked signs of improvement.

(f) Open-air Classrooms.

Open-air Classes were held at four of the Authority's Schools, and consisted of six departments, viz.:—

School.				Department.	Number of		
					children examined.		
					Boys.	Girls.	Total.
Aberbargoed	...	...	...	Mixed	—	30	30
Libanus (Blackwood)	...	...	...	Mixed	5	11	16
Do.	...	...	...	Infants	—	—	—
Pentwyn	...	...	...	Mixed	17	16	33
Do.	...	...	...	Infants	13	11	24
Tynywern (Trethomas)	...	...	...	Mixed	8	4	12
Total					43	72	115

It is much to be regretted it was not possible to utilise the open-air classrooms at Pontllanfraith, Cefn Forest, Glanhowy, Gwyddon and Phillipstown.

These open-air classrooms were commandeered for ordinary school accommodation without reference to or the approval of your medical department and it is a policy that is decidedly retrograde and exceedingly expensive in money and health and life.

To spend approximately £28,250 annually (between the call upon the County Rate and Government Grant) through the medium of the Welsh National Memorial Association for the prevention and the combating of Tuberculosis disease in this county and at the same time to close these open-air classrooms which are amongst the first lines of defence against the disease, is the height of folly and waste.

We are glad to note that recently the Elementary Education Sub-Committee appointed a committee to investigate this matter with a view to finding alternative accommodation for ordinary school purposes, so that these open-air classrooms shall again function as originally designed, but to date the sub-committee has not met.

The advantages of these classrooms to weakly children are so great that steps should be taken to increase the ordinary accommodation, rather than commandeer any of the few rooms that are suitable for the purpose.

The reports of the Medical Officers in charge of the classrooms are as follows:—

ABERBARGOED:—DR. BOWEN OWEN.

“ At the time of the examination at the School there were 30 girls in the Open-air Classroom. These children were examined and on the whole a marked improvement had taken place amongst many of the selected girls. Some children had so improved that they were returned to their own classes and the vacancies filled by six delicate children.”

TYNYWERN:—DR. A. C. ROBERTS.

“ The open air classroom at Tynywern School is large and well situated. As it was found that it could accommodate more cases than were in it at the date of inspection names were submitted to the Head Teacher for inclusion in the class. In the class were three mentally defective boys—one an imbecile, one a high grade mentally defective, and one a low grade mentally defective, but in each case the boy suffered as well from some physical defect. Several other children were backward, but this is probably to be accounted for by the difficulty that a single teacher has in coping with two dozen children whose ages vary from seven to fifteen.

Most of the children in the class (especially the older ones) had improved but in at least one case the credit for the improvement might be given to a tonsil and adenoids operation rather than to the open air class.”

LIBANUS.—This department was not definitely used as an Open Air Class during the year, but the 16 children who were examined were in the Standard occupying the Classroom.

PENTWYN:—**DR. B. MACQUILLAN.**

“ At the time of examination, the open air department in the Pentwyn Infants’ School contained 23 children—13 boys and 10 girls. After examination four of these were returned to their ordinary class—three of whom were the only members of the class attending the free feeding centres at Aber. sychan. Three new children were admitted, following inspection, from the ordinary classes. The average attendance was good and most of the children happy and contented.

In the mixed department there are 17 girls and 16 boys—one girl having gone to the Middlesex Hospital for Orthopædic treatment. A number of these children are of poor physique, some suffering from postural defects, due partially to improper or insufficient nourishment and partially to irregular hours of rest. On the whole, however, the open air class shows some improvement judging from previous examinations.

One boy was readmitted who had been in the open air class some time previously and three girls were returned to ordinary classes who were backward mentally.

There are five members of this class attending the free feeding centres for school children.”

13.—**PHYSICAL TRAINING.**

The School Medical Service is closely co-ordinated with the work of physical training in the Schools and the Assistant School Medical Officers have been instructed to note all children who are likely to derive benefit from a course of physical exercises. These cases as they arise are referred to the County Organiser of Physical Education, Mr. F. Johnston, who makes the necessary arrangements for the children to receive remedial treatment and instruction.

The report of the work done is as follows:—

“ **General.** The Organiser of Physical Training has pleasure in submitting his Report for the year 1933. During the year visits were made by Miss John and myself to the schools as follows:—

Mixed Departments—Junior and Senior	...	...	389
Boys’ Departments	...	...	64
Girls’ Departments	...	...	70
Infants’ Department	...	...	98
Secondary Schools	...	...	36
Junior Technical Schools	...	...	23
Unemployed Youths’ Centres	...	...	5

In addition, 158 visits were made to swimming baths, rivers and pools for the purpose of organising instruction, giving assistance, land drill and water drill, holding tests for certificates and organising Aquatic Sports.

Thirty-two meetings held in connection with the organising of athletic events, were attended, assistance was given at 23 sports meetings, and two Group Swimming Galas, at 12 Inter School football matches, rugby and association, also at hockey, netball, shinty and lacrosse matches.

The teachers' classes, both for men and women, have been well attended; the new edition of the Syllabus has been enthusiastically received, and although the development of physical education has not been uniform all over the county, and although certain areas are still backward, progress has been made; sufficient to justify a feeling of keener enthusiasm, support from a larger number of teachers, and a less number of children suffering from bad posture.

The new edition of the Syllabus has broadened the scope and conception of physical education, the majority of the teachers are realising that alert intelligence round character are built on a healthy physique.

Despite poor playgrounds, inadequate and cramped rooms, poor ventilation, lack of fundamental apparatus, the majority of the teachers continue, in one way and another, to give the children some sound, helpful and enjoyable training.

Some schools still adhere to the two periods of physical training per week, this is unsatisfactory—the daily period is the ideal, at least three formal lessons should be allowed, of a minimum of 20 minutes each.

Up-to-date circulars and diagrams, dealing with different phases of the work have been distributed to head and assistant teachers responsible for the subject. These circulars provide helpful discussion and are often instrumental in obtaining a clearer insight into Syllabus principles.

Time devoted to Physical Training. Many schools restrict the time devoted to Physical Training to 60 minutes per week, this is totally inadequate; to make the training worth while, at least three periods of 20 minutes per week should be allowed with a further period of 60 minutes for organised games. As apparatus exercises are gradually introduced and the full table put into operation; longer lessons are needed if the full value of the training is to be secured.

A daily lesson is the ideal and has been advocated for a long time past; in schools where this arrangement prevails the training is of a higher standard and the children are certainly more alert and possess better postures, also there are less remedial cases to attend to after the school medical inspection, the latter alone justifies more time and recognition being given to this branch of education.

Accommodation. Physical training should always be taken in the open air whenever possible; some schools are poorly equipped when the weather is unfavourable, consequently adaptations have to be made in the tables of exercises and the games played.

Demonstrations of such exercises and games are made during our visits to schools; when a school possesses a central hall or physical training indoor space, it should be possible to maintain a regularity in the lessons to the benefit of the children concerned; poor accommodation is no reason for omitting either exercises or games.

Clothing and Shoes. Encouragement from the class teacher will often do much to help with clothing and shoes, particularly from the point of view of freedom of movement; the majority of the children wear too much clothing during the physical training lessons and consequently have little to put on after exercising.

With boys, collars, ties and waistcoats should be removed, and with most children stockings can be pushed down, where this is done there is an opportunity of checking the posture of the children and ensuring good standing positions.

Every encouragement should be given to wear loose clothing, for freedom of movement is absolutely essential to get the maximum effect.

Shoes are a big problem; Miss John has been successful in obtaining a limited supply at little cost, these have all been sold and distributed.

Many teachers have encouraged their boys to procure rubber soled shoes; stiff clumsy nailed boots, or ill fitting high heeled shoes are not conducive to foot development, as is shown by the large percentage of flat and deformed feet, revealed after Medical Inspection.

Teachers and Classes. It is always our aim, as organisers of this branch of education, to help the teachers so that they become more efficient in every aspect of physical training; this implies a knowledge of the principles underlying all exercises, its effects both simple and complex, free standing and apparatus; the ability to interpret exercises according to groups, to build up

tables on definite lines and to organise a lesson so that all the class may have plenty of beneficial exercise. Teachers' classes were held at Abergavenny, Monmouth and Newport; these classes speak volumes for the enthusiasm of the teachers who attend and augur well for the training of the children; they paid their own expenses and gave their time.

Posture of School Children. Good posture means good functioning of the vital processes of the body; it also carries with it the least possible strain on muscles and tissues which hold the body framework in its proper place; the more perfect the balance the less the strain; the healthier the child the easier will be the work of the teacher and this is very desirable, especially with the liberal curriculum of to-day.

A great deal has been done by the teachers during the past year, and they have followed out the suggestions of the Organisers in every way, there is a real desire to improve the posture of the children and to weigh up the effects of the exercises.

The lectures to Staffs with the aid of posture charts have aroused interest and discussion and have been instrumental in furthering experiments and tests as to the effects of exercises.

Massed Physical Training. No handicap is experienced when exercises are done by large numbers if the exercises are progressive and well done, but when one set of exercises is worn threadbare the result is uneducational and the amount of time taken up is out of proportion to the results obtained.

Displays of massed exercises were given during the year at Pontypool—Hospital Carnival and Fete, Blaenavon Clock Tower Memorial; Tredegar Cottage Hospital Carnival, Abergavenny—Civic Week.

Open Air Departments. Most of these departments are now used as ordinary class rooms, but as many contain defective children, special exercises are drawn up from time to time especially for increasing vital capacity and a good stance, the ages vary considerably, consequently the games played are of necessity simple but vigorous.

Permanent Marking of Playgrounds. The absence of any permanent marks may throw unnecessary work on the teacher—vide Syllabus.

The number of playgrounds permanently marked is slowly increasing—a Rugby Football match without a marked field, with appropriate goalposts, would not be worth watching. As an educational influence in order system it is worth while having permanent markings, time is saved, and the scheme of games, according to the various ages of the children, is catered for. On

earth surfaces a pointed stick or metal prong is used, and a watering can on powdery surfaces, sawdust and chalk dust are also used.

The inclination to play games is increased where the markings are down.

Apparatus for Physical Exercises. With the publication of the Syllabus of Physical Training 1933, a certain amount of equipment is necessary for carrying out modern training. The tables of exercises are based on the supposition that every school is supplied with the simple apparatus which is required for the games and activities described. Apparatus consists of balls of various sizes, bats, jumping and skipping ropes, hoops, bases, targets, etc. It is inexpensive; some of it can be made in the school itself. There should always be sufficient apparatus of each kind to ensure activity for all, and it should be looked upon as an essential part of the ordinary school equipment; many schools have collected a certain amount of this apparatus and their lessons are much ahead of those possessing none. The interest taken by a school in physical education may well be judged by the amount of its equipment; enterprising teachers have contributed much of their zeal and forethought in connection with apparatus in many schools.

Area Demonstrations. With the increasing number of schools now using gymnastic apparatus, i.e., Central or Senior, Junior Technical and Secondary, it has become necessary to give them more time in order to keep the instruction up-to-date, to comply with the Board of Education Syllabuses.

While no attempt is made to take the type of lesson which a specialist teacher would use, the amount of apparatus work included is being gradually increased and a great deal of enthusiastic and useful work is being done.

In view of the extra time spent in these apparatus schools it has been found advantageous to organise area demonstrations, that is, representatives from groups of schools visit a given school and watch and note latest developments and ideas: St. Brides, Netherwent was selected to give a demonstration to teachers from Magor, Llanfair Discoed, Undy, and Llandevaud, Rogiet, Caldicot and Sudbrook.

It has been found that the discussions which follow these demonstrations are extremely helpful, progressive time saving, and worth while.

Similar demonstrations are being arranged for groups at Risca, Usk and Trethomas.

The Teaching of Swimming. No special swimming instructors are employed by the Committee, the class teachers with the help of the Organiser of Physical Training gives instruction, land drill in the school yards, and practical class instruction at the various baths, rivers, and pools.

A word of appreciation is due to the attendants at the respective baths for their assistance in maintaining orderly entry into and out of the baths. No bath is specially reserved for school children, consequently the public are invariably present when lessons are being given.

For some years now swimming prowess could, for some reason, be looked for chiefly in certain districts, but an interesting feature this year was the fact, that successes were gained by children, boys and girls, from schools which had not previously gained swimming honours; this is very gratifying as the aim of the Organisers is to get as many schools and scholars as possible to participate in this branch of training; every child should be able to swim with the exception of those medically unfit.

From the Tredegar school one girl, who has only one leg learned to swim and obtained a swimming certificate; a boy who has had remedial exercises for deformed legs learned to swim and obtained a swimming certificate; cases of this kind show the scope and possibilities where swimming is concerned.

The standard of swimming has again been maintained; some schools have done exceptionally well; weather conditions were excellent and helped tremendously. It must be borne in mind that all swimming is done in the open air, with the exception of the few children who visit the Newport Bath.

Swimming Certificates Gained.

Certificate	1933	1932	1931	1930	1929	1928	1927
Elementary	468B	328B	282B	278B	243B	210B	118B
	786G	146G	94G	146G	122G	75G	10G
Advanced	194B	110B	78B	108B	97B	56B	22B
	76G	24G	36G	18G	14G	5G	—G
Honours	8B	10B	—	—	—	—	—
	2G	6G	—	—	—	—	—

B—Boys. G—Girls. Honours Certificate first introduced in 1932.

The Swimming Certificates are of three kinds:—(a) Elementary, (b) Advanced, (c) Honours. Granted and approved by the Education Committee 1926.

- (a) Swim 10 yards (Free Style) in 5ft. of water.
- (b) Swim 20 yards (breast stroke). 20 yards back stroke. Dive into 5ft. of water and bring object (heavy rubber ring) to surface and swim to side.
- (c) Swim (with precision) 20 yards breast stroke, 20 yards back stroke. 20 yards Crawl Stroke. Dive into 6 feet of water and bring object to surface; swim to side.

The Honours Swimming Certificate was not introduced until 1932; as swimming improves, the Advanced Certificate is obtained at a younger age, consequently a more difficult test has now been set.

The land exercise swimming circulars were appreciated and have been demonstrated and explained to all teachers responsible for swimming.

Baths and Rivers.

Bath.	Schools Accommodated.	Attendances.
Risca ...	Wattsville, Crosskeys, Waunfawr, Risca Town, Danygraig, Pontymister ...	2445 B. 1799 G.
Panteg ...	Panteg Wern, Griffithstown, Pontymoel, New Inn, Park Terrace, Town Charity.	3624 B. 3315 G.
Pontnewynydd	Victoria, Pentwyn, Cwmffrwdor, George Street, Pontnewynydd, Twmpath, St. Albans R.C. ...	5949 B. 3024 G.
Talywain ...	Varteg, Abersychan, St. Francis R.C. Garndiffaith ...	797 B. approx. 582 G.
Tredegar ...	Trevil, Dukestown, Glanhwy, Sirhowy, Earl Street R.C., Georgetown Central, Bedwellty Pits, Troedrhigwair, County Secondary ...	2481 B. 2126 G.
*Chepstow ...	Chepstow B. and G., N.P. B. and G. ...	275 B. approx. 142 G.
Blaenavon ...	Hillside R.C., Park Street, N.P. B. & G.	376 G. 898 B. approx.
*Newport ...	Bassaleg, Malpas, The Gaer, Christchurch, Caerleon, Nash, Llanfrechfa ...	675 B. approx. 422 G.
*Brynmawr ...	Blaina B. Nantyglo M. Garnfach B. ...	115 B. approx. 37 G.
Abergavenny...	Hereford B; Castle Street G; Victoria Street, St. Francis R.C. ...	489 B. approx. 275 G.
Usk ...	Higher Grade, N.P. B. and G; Usk M. ...	439 B. approx. 123 G.
Llangibby ...	Church School ...	98 B. approx.
Monmouth ...	Church B; Overmonnow G; Jones' Endowed B. and G. ...	476 B. approx. 128 G.

* At these baths children pay for their own admission.

Attendances: B—Boys. G—Girls.

A number of Rural Schools use pools which have been inspected and considered safe for swimming.

Athletic Organisation. Athletic meetings for groups of schools in different parts of the County were again held this year.

No County Championship meeting was held owing to the holiday question.

Group Athletic Meetings.

Centre.	Date.	Schools Participating.
Risca ...	21st June ...	Risca M; Danygraig M; Pontymister B. and G.
Abergavenny ...	17th June ...	Hereford B. R.C.M.; Park Street M; Llanellen M; K.H. Grammar School; Govilon M; Castle Street G; Llanfoist M; Llantilio Pertholey M; Victoria M; Victoria Street M.
Chepstow ...	28th June ...	Bulwark; Caerwent; Caldicot; Chepstow; B. and G. N.P.; Llanfair Discoed N.P.; Earlswood; Itton; Magor; Mathern; Mynyddbach; Newchurch; Portskewett; Rogiet; St. Arvans; St. Brides; Sudbrook; Undy.
Usk ...	29th June ...	Higher Grade; Usk G. and Inf.; Usk B; Usk M; Llangibby; Llantrissant; Bettws Newydd; Gwehelog; Llansoy; Llangwm; Glascoed; Llandenny.
Blackwood ...	3rd July ...	Argoed; Blackwood; Cwmfelinfach; Fair View; Fleur-de-lis; H o l l y b u s h; Libanus; Markham; Oakdale; Pengam; Pentwynmawr; Pontllanfraith; Ynysddu
Trellech ...	6th July ...	Trellech; Llanishen; Catbrook; Llanarth.
Talywain ...	14th July ...	Varteg; Garndiffaith; Victoria; Abersychan R.C.; Abersychan; Pentwyn; Pontnewynydd; Cwmffrwdor.
Caerleon ...	18th July ...	Llanhennock; Christchurch; Caerleon G; Malpas; Caerleon B.
Pontypool ...	5th July ...	18 Schools from Varteg, including Pontypool and New Inn—to Panteg Wern, Sepastapol.
Glascoed ...	10th July ...	School Sports.
Tredegar ...	21st July ...	Trevil; Dukestown; Glanhwy; Sirhowy; Earl Street; Georgetown Central; Troedrhwiwgwair; Bedwellty Pits.
Aberbargoed ...	22nd July ...	School Sports.
Gaer ...	27th July ...	School Sports.

Rural Syllabus. Chapter VII of the 1933 edition of the Syllabus and other Sections, caters for Rural Schools in place of the old Rural Syllabus. The particular problems of the County School with a small staff and grouped classes are analysed suggestions for adapting the Tables are made.

During the year, when it was found possible, time was given to the County Schools; connections were made, demonstrations of special games and exercises, adaptations to suit small playgrounds and peculiarities of the district, all received attention.

Indoor lessons have been demonstrated at all visits.

Indoor Lessons. In order to obtain good results physical training should be as continuous as possible; some schools have no other exercise room than the classroom, many of these schools have done excellent work; demonstration lessons have helped, discussions have been held. Schools which possess a vacant Central Hall have little excuse for breaks in the continuity of physical training.

Very valuable training can be done in the classrooms, with a little ingenuity and open windows, practically the whole of a lesson can be worked through—many improvements involving class mobility will naturally have to be omitted but every effort should be made to make the lesson as active and stimulating as possible; demonstrations have been given at all visits.

Remedial Cases. The Medical Inspection Department Lists of children requiring special exercises have received attention.

On receipt of Lists, a preliminary letter, with advise as to the Syllabus Group of exercises which apply to the individual case, is sent to the Head Teacher who notifies the class teacher. Special attention is paid to the child. Later, special exercises are prescribed by us and sketched on charts which the child performs in the presence of the teacher. These exercises are carried out until a further visit is made. Should home conditions be suitable, then an appointment is made with the parents, and the exercises are done both at home and at school.

Most cases show marked improvement, not only physically but mentally, especially where constant and regular performance of the exercises has been maintained.

Follow up visits and progressed exercises are given from time to time according to the child's progress.

The enthusiastic co-operation of the head and class teachers has proved extremely helpful; the following cases have been seen and treated by us during the year:—

Mouth Breathing	...	...	68	Poor Posture	...	...	...	42
Standing Badly	...	...	—	Deformed and Pigeon Chest	...	...	...	5
Poor Stance and Lack of	...	...	...	Flat Feet	...	...	...	86
Muscular Tone	...	...	74	Lordosis	...	...	...	32
Scoliosis	...	...	53	Round Shoulder	...	...	...	70
Kyphosis	...	...	98	Poorly shaped Thorax	...	...	...	2
Winged Scapula	...	...	3	Left Shoulder Down	...	...	...	4
Prom. Left Shoulder	...	...	1					

Playing Fields. Correspondence in connection with playing fields and open spaces has been dealt with by me; it was hoped to establish a County Branch of the National Playing Fields' Association, but owing to the death of the Lord Lieutenant of the County, the meeting was postponed sine die.

Welsh Association of Physical Education. Several open meetings have been held by the Association during the year, men and women teachers from the County schools have attended films, games, demonstrations, exercise demonstrations, and discussions dealing with different phases of physical education.

Voluntary Agencies. The help given by teachers connected with voluntary associations is of the greatest assistance to the physical well being of the children, and further training and coaching after school hours; special attention is drawn to:—

- (a) The School Rugby Leagues.
- (b) The School Association Leagues.
- (c) The Swimming Clubs.
- (d) The English Folk Dance and Song Society (Monmouthshire Branch).

In concluding this report, the Organiser wishes to thank the Education Committee, the Director of Education and the Medical Officer of Health for their continued and whole-hearted support, he is deeply conscious of the general improvement which has been brought about to a large extent by the co-operation and friendliness of the head and assistant teachers."

11.—PROVISION OF MEALS.

(1) Meals Centres.

A mid-day meal is served to necessitous children in most of the industrial districts of the County. Centres have been established at the following places, viz:—

School or Centre.	Approx. No. of Children.	School or Centre.	Approx. No. of Children.
Rhymney Bridge	30	Libanus	105
Penuel Schoolroom, Rhymney	160	Cwmfelinfach	50
Jerusalem Schoolroom,		Nantyglo Baptist Schoolroom	175
Rhymney	150	Winchestown	55
Phillipstown	70	Garnfach Church Hall ...	260
Aberbargoed	220	Blaina Church Hall ...	250
Cwmsyflog	130	Pentwynmawr	15
Cefn Forest	110	Crumlin	50
Wesleyan Schoolroom, Pengam	90	Church Hall, Abercarn ...	120
Wesley Hall, Fleur-de-lis,		British Legion Hall, Cwm-	
Pengam	140	carn	110
Maesycwmmmer	35	Hope Schoolroom, Crosskeys	60
Wesleyan Schoolroom, Bed-		Risca Town	85
was	120	Moriah Schoolroom, Risca ...	150
Tynywern School	240	Wesley Hall, Varteg	90
Trevil	40	Garndiffaith	140
Ashvale, Tredegar	150	Victoria	40
Sirhowy Church Hall	200	Noddfa Schoolroom, Aber-	
Picton Street, Schoolroom,		sychan	190
Tredegar	255	Cwmffrwdroer School ...	125
Georgetown School	80	Trosnant Schoolroom, Ponty-	
Troedrhiwgwair	30	pool	160
Hollybush	15	Pontymoile	65
Markham	30	Salvation Army Hall, Cwm-	
Argoed	120	bran	185
Blackwood	134	Pontnewynydd	95
Ynysddu	85		

(2) Selection of Scholars.

Scholars are permitted to attend the meals centres when the income of the family is below the Committee's Income Test. The County Medical Officer also notifies the names of scholars found to be suffering from malnutrition,

and these children are provided with milk, or cod liver oil. Children receiving instruction in open-air classrooms are also provided with milk.

(3) Number of Meals Supplied.

The following table gives particulars of the meals supplied during the period 1st January—31st December, 1933:—

Dinners	...	...	...	...	838,463
Milk Meals—Free	...	...	...	...	33,894
Milk Meals—Payment	...	...	...	...	4,946
Other Meals (Malt and Oil)	...	...	...	...	56
Total					877,359

Number of scholars provided with meals 4,985

(4) Cost.

The cost of providing meals during the year ended 31st December, 1933, is as follows:—

			£	s.	d.
Food, utensils, etc.	...	...	7,039	11	8
Wages of Cooks, etc.	...	...	1,926	8	10
Rent of Centres	...	...	525	5	6
			£9,491	6	0

(5) Cost Per Meal.

Meals are prepared in accordance with the Dietary approved by the Medical Department of the Board of Education, and the cost per meal is:—

For Food only	...	...	...	1·8d.
Cost, inclusive of all services	...	...	...	2·5d.

12.—SCHOOL BATHS.

There are no facilities for school baths.

13.—CO-OPERATION OF PARENTS.

Parents are invited to and welcomed at all medical inspections and it is gratifying to note that they avail themselves of the opportunity in satisfactory numbers. The inspecting Medical Officers have become known to the parents through the medium of the local Eye, Dental and Infant Welfare Clinics, and their advice in regard to the children's health is eagerly sought.

14.—CO-OPERATION OF TEACHERS.

The valuable help afforded by Head Teachers and their Assistants continues. They are called upon to assist very largely in the arrangements for the inspections, making a return of the children eligible for examination, preparing the cards of new cases, weighing and measuring the children, notifying the parents of the date of the inspection, and arranging a room for the use of the inspector.

Providing suitable accommodation is often a matter of considerable inconvenience to the Head Teachers, for in only a few of the schools of the County is there a room spare for inspection. Yet they are always courteous and helpful, taking a deep interest in the health of the children.

Practically the same routine is followed with the visit of the School Dentist, the exceptions of course, being the weighing and measuring of children and the notification of parents.

In many other ways the teachers have been most helpful. They attend at the inspections and give information to the doctor from their own observation of the children, which is of value in the diagnosis of difficult cases. Their influence with the parents is of great service when the question of treatment of defect arises.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

There is very active co-operation between the Medical Inspectors and the School Attendance Officers. The Superintendent Attendance Officer writes each week to the Attendance Officers in whose districts the Medical Inspector is due to visit, instructing them to arrange that any absentees on the ground of ill health shall meet the Inspectors at the Schools. In addition, many special visits are paid to the schools for the purpose of examination of cases referred by the Attendance Officers. Medical certificates are given to the officers for production to the Magistrates and occasionally the Medical Inspectors attend Police Courts to tender evidence in school attendance prosecution cases.

16.—CO-OPERATION OF VOLUNTARY BODIES.

There are at present no voluntary bodies in the Administrative County interested in the welfare of school children, with the exception of the National Society for the Prevention of Cruelty to Children. The three local Inspectors of the N.S.P.C.C. work in hearty co-operation with this department, and all cases referred to them receive prompt and effective attention. The bulk of the cases referred to the Society are verminous and neglected children. Thirty-seven cases were referred to the Society in the year 1933.

17.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

By powers conferred on the Education Authority under the Elementary Education (Defective and Epileptic Children) Act, 1899, a number of children are maintained at Special Schools.

They are as follows:—

Blind—	Males.	Females.	Total.
Royal Normal College, London	1	—	1
Bridgend Institution for the Blind	9	8	17
Westbury-on-Trym. Bristol	1	1	2
Deaf and Dumb Institutions—			
Swansea	5	3	8
Derby	4	2	6
Homerton School, Bucks ...	—	1	1
Howard Gardens, Cardiff ...	—	1	1
Mentally Defective—Attending Certified school for Mentally Defective children, Beacon School Lichfield	1	—	1
Epileptic—Attending Certified Special School for Epileptics at Maghull	1	—	1

Particulars of the numbers of children in these classes are also given in the statistical tables at the end of this report.

Return of Exceptional Children suffering from Multiple Defects.

	Males.	Females.
Mentally Defective and Physically Defective:—		
Spastic Paraplegia	2	1
Infantile Hemiplegia	2	—
Mentally Defective and Epileptic	—	4
Moral Defective and Epileptic	—	1
Blind and Mentally Defective	2	1
Dumb and Mentally Defective	—	1
Mentally Defective and Heart Disease	—	1
Total	6	9

Blind.

There were at the end of the year seven blind children not at a special school or institution. One case was unsuitable for admission to an Institution, one child has since been admitted to a Special School, In two cases efforts

were being made to persuade the parents to allow their children to be admitted to an Institution. Three cases were unwilling.

There are two partially blind children not in institutions. In these cases efforts have been made to persuade the parents to allow their children to be admitted to an Institution.

Deaf and Dumb.

Twelve deaf and dumb children and four partially deaf and dumb children suitable for institutional training had not been sent away, the reasons being as follows:—

Wholly Deaf:—Parents unwilling, eight; and in two cases the parents have been communicated with in order to persuade them to allow their children to be admitted to an Institution. Two cases have since been admitted to an Institution.

Partially Deaf:—The parents of three children were communicated with but no reply received. One case is improving.

Mentally Defective.

The Grading of 239 Mentally Defective children in the County is as follows:—

					Males.	Females.	
High	...	...	...	...	59	49	
Medium	...	...	...	...	39	33	
Low	...	...	...	...	33	26	
					<hr/>	<hr/>	239
					131	108	
Borderline cases	...	...	...	...	17	18	
Moral Defectives	...	...	...	...	2	2	
Dull or backward	...	...	...	...	29	26	
					<hr/>	<hr/>	
					48	46	
						<hr/>	94

Mental Defectives under School Age.

At present where the deficiency is evident, the children are observed and note of them made either (i) by the Medical Officers at Maternity and Child Welfare Centres, or (ii) by Health Visitors when visiting the homes in their respective districts, and the information passed on to the Department.

18.—NURSERY SCHOOLS.

No Nursery Schools are in existence in this County.

19.—CONTINUATION SCHOOLS.

Medical inspection of pupils attending these schools has not been commenced.

20.—CHOICE OF EMPLOYMENT.

No call upon the services of the County Medical Officer under the Education (Choice of Employment) Act, 1920, was made during the year.

21.—SPECIAL INQUIRIES.

Further report by Dr. W. R. Nash upon the outbreak of Diphtheria and the active immunization of school children against Diphtheria (see page 15).

22.—MISCELLANEOUS.

The following candidates were examined by the School Medical Inspector during the year:—

Teachers	...	...	...	* ...	...	2
Technical Free Students	...	...	...	...	...	4

23.—HEIGHTS AND WEIGHTS.

The heights and weights are determined by the Head Teacher. The children are weighed and measured without boots, otherwise ordinary indoor clothing being worn.

HEIGHTS AND WEIGHTS

1. HEIGHTS

BOYS			GIRLS.		
Age	No. of Children Measured	Average Heights	Age	No. of Children Measured	Average Heights
		inches			inches
3	230	35.7	3	223	37.4
4	867	40.0	4	779	39.6
5	1220	42.7	5	1043	40.3
6	560	43.7	6	588	43.3
7	202	45.0	7	201	45.4
8	1569	46.9	8	1564	48.3
9	805	47.6	9	699	47.0
10	129	51.7	10	100	50.2
11	72	53.6	11	73	54.6
12	1498	54.7	12	1469	56.9
13	1075	55.8	13	982	57.6
14	81	58.3	14	96	53.9

2. WEIGHTS

BOYS			GIRLS		
Age	No. of Children Weighed	Average Weights	Age	No. of Children Weighed	Average Weights
		lbs.			lbs.
3	225	33.2	3	231	31.3
4	913	34.5	4	769	34.1
5	1247	39.1	5	1063	39.3
6	858	42.7	6	570	42.4
7	213	47.1	7	195	47.0
8	1507	55.5	8	1515	52.4
9	807	57.0	9	662	57.2
10	122	66.1	10	107	59.3
11	71	68.5	11	68	68.5
12	1471	72.6	12	1468	74.6
13	1065	80.8	13	1600	82.4
14	79	87.1	14	99	87.2

2. SECONDARY SCHOOLS.

The medical inspection of pupils attending secondary schools in the County was commenced in March, 1921. The pupils at the following schools come within the scheme of inspection:—

Abergavenny County School (Girls).
 Abergavenny Grammar School (Boys).
 Abersychan Secondary School.
 Abertillery County School (Boys and Girls).
 Bassaleg Secondary School (Boys and Girls).
 Chepstow Secondary School (Boys and Girls).
 Ebbw Vale County School (Boys and Girls).
 Maesycwmmmer Secondary School (Boys and Girls).
 Nantyglo Secondary School (Boys and Girls).
 Newbridge Secondary School (Boys and Girls).
 Pontllanfraith Secondary School (Boys and Girls).
 Pontypool County School (Girls).
 Pontywaun County School (Boys and Girls).
 Rhymney Secondary School (Boys and Girls).
 Tredegar County School (Boys and Girls).
 Junior Technical Schools—

Abersychan, Abertillery, Ebbw Vale, Pontllanfraith.

The general scheme of inspection being carried out is:—

- (i) Examination of all children upon admission, the character of the examination to depend upon the date of the last examination made in the Elementary School.
- (ii) Full examination of all children at 12 years of age.
- (iii) Subsequent to the age of 12, yearly examination, the degree and extent varying according to the previous record and other circumstances of the child.
- (iv) At the age of 15 a full routine examination to be made of each pupil, and the annual re-examination to continue so long as the pupil remains at School.

The School Medical Inspector visits every school periodically. A male medical inspector examines boys and a lady inspector the girls. The instructions given to the School Medical Inspectors embody all the suggestions set out in the Memorandum of the Board of Education dealing with this subject.

Power is given to the Committee to extend to pupils of Secondary and other schools under this section of the Act the facilities for treatment which are already available for Elementary School children, viz.:—

Examination of eye defects and the provision of spectacles.

Dental inspection and treatment.

Operative treatment of tonsils and adenoids.

Treatment of minor ailments and defects (e.g., skin diseases, running ears and sore eyes).

Remedial exercises.

It has been decided that such treatment shall be available for all Secondary pupils at the Committee's School Clinics. The Higher Education Committee has approved the same scale of charges as has been fixed for Elementary School children. The scale was detailed in the report for 1924.

Table showing the number of re-examinations made by Medical Inspectors and the result thereof:—

Condition	No. of defects for which treatment was considered necessary.			No. of defects for which no report is available	No. of defects treated	Results of Treatment.			No. of defects not treated	Percentage of defects treated
	Old Routine Cases	Special Cases	Total			Remedied	Improved	No improvement.		
Nutrition	109	...	109	36	73	17	40	16	...	66.9
Uncleanliness { Head	31	...	31	8	16	6	10	...	7	51.6
{ Body	...	...	...	...	...	...	...	...	...	...
Clothing { Dirty	...	...	...	...	...	...	...	...	...	...
{ Excessive	...	...	...	...	...	...	...	...	...	...
{ Ragged	...	...	...	...	...	...	...	...	...	...
Poor Footgear	...	...	...	...	...	...	...	...	...	...
Skin { Ringworm { Head	...	...	...	...	...	...	...	...	...	...
{ Body	1	...	1	...	1	1	...	...	...	100.0
{ Scabies	...	...	...	...	...	...	...	...	...	...
{ Impetigo	5	...	5	1	4	4	...	...	...	80.0
{ Other Diseases	50	...	50	9	41	28	8	5	...	82.0
Eye { Vision	391	...	391	89	288	168	57	63	14	73.6
{ Squint	24	...	24	6	18	4	4	10	...	75.0
{ External Eye Disease	22	...	22	2	20	15	3	2	...	90.9
{ Otorrhoea	17	...	17	5	12	9	1	2	...	70.5
Ear { Defective Hearing	9	...	9	1	8	6	2	...	...	88.8
{ Wax	7	...	7	2	4	2	2	...	1	57.1
Nose { Enlarged Tonsils	411	...	411	90	308	71	97	140	13	74.9
and { Adenoids	3	...	3	1	2	1	...	1	...	66.6
{ Tonsils & Adenoids	36	...	36	14	16	4	3	9	6	44.4
Throat { Mouth Breathing	...	...	...	...	...	...	...	...	...	...
{ Other Diseases	41	...	41	7	34	24	3	7	...	82.8
Enlarged Cervical Glands	55	...	55	11	44	28	9	7	...	80.0
Defective Speech	17	...	17	3	14	5	7	2	...	82.3
Teeth	436	...	436	113	182	79	53	50	141	41.7
Heart and { Heart Disease	411	...	411	105	306	100	29	177	...	74.4
Circulation { Anæmia	34	...	34	10	24	6	14	4	...	70.5
Lungs { Bronchitis	4	...	4	2	2	2	...	...	...	50.0
{ Bronchial Catarrh	28	...	28	6	22	18	4	...	...	78.6
Tuberculosis { Definite	...	...	...	...	...	...	...	...	...	...
{ Suspected	...	...	...	...	...	...	...	...	...	...
{ Other Forms	2	...	2	1	1	...	1	...	...	50.0
Nervous { Epilepsy	...	...	...	...	...	...	...	...	...	...
System { Chorea	3	...	3	1	2	1	1	...	...	66.6
{ Other Conditions	7	...	7	...	7	3	2	2	...	100.0
Deformities	79	...	79	15	64	15	22	27	...	81.0
Miscellaneous	342	...	342	91	248	87	29	132	3	72.2
Totals	2575	...	2575	629	1761	704	401	656	185	68.4

No. of children re-examined—1,298 with 2,575 defects.

FINDINGS OF MEDICAL INSPECTION OF SECONDARY SCHOLARS.

The number of children inspected during the year was 1,832 routine examinations, 265 special cases, and 1,298 re-examinations.

In reviewing the defects found in the Secondary School children, it was found that 17·7 per cent. required treatment, as against 18·4 per cent. for the previous year.

UNCLEANLINESS.

Eleven girls were found to have unclean heads (nits). The necessary steps were taken to remedy these unnecessary conditions.

NUTRITION.

Nutrition was below normal in 27 cases.

BOYS.

Number Examined ...	959
Number defective ...	5

GIRLS.

Number Examined ...	873
Number defective ...	22

In no case was the malnutrition of a severe nature.

NOSE AND THROAT CONDITIONS.

Abnormal nose and throat conditions discovered at the routine inspections were as follows:—

		Tonsils		Tonsils.	
	Number	and	Mouth	Slightly	Much
	Examined	Adenoids.	Breathers.	Enlarged.	Enlarged.
		Per Cent.	Per Cent.	Per Cent.	Per Cent.
Boys	959	—	—	12·4	3·3
Girls	873	·22	·22	10·9	2·9

Miscellaneous diseased conditions of nose and throat were found in 2·1 per cent. of all scholars examined.

Sixty cases, (3·2 per cent. of those examined) required operative treatment for either tonsils or adenoids, or both.

LUNG DISEASES.

Bronchial catarrh was discovered in fourteen cases and two had bronchitis.

Three cases were referred to the Tuberculosis Physicians of the Welsh National Memorial Association for diagnosis and treatment, if necessary.

The results are as follows:—No definite evidence of Tubercle, 2. The other case failed to keep the appointment.

SKIN DISEASES.

There were discovered one case of Impetigo and 39 other skin diseases.

EXTERNAL EYE DISEASES.

Twenty-five cases of Blepharitis (1·3 per cent.) and 4 cases of conjunctivitis (·21 per cent.) were found. There were six, or ·32 per cent. cases of other forms of eye diseases.

DEFECTIVE VISION.

Two hundred and fifty cases of defective vision (13·6 per cent.) were recorded. The extent of defect is shown in the following table:—

	No. Examined	Only one eye defective.				Cases where both eyes were equally defective.		Cases of unequal error.				Squint
		Right		Left				Right		Left		
		$\frac{6}{8}$ to $\frac{6}{24}$	$\frac{6}{8}$ and less	$\frac{6}{8}$ to $\frac{6}{24}$	$\frac{6}{8}$ and less	$\frac{6}{8}$ to $\frac{6}{24}$	$\frac{6}{8}$ and less	$\frac{6}{8}$ to $\frac{6}{24}$	$\frac{6}{8}$ and less	$\frac{6}{8}$ to $\frac{6}{24}$	$\frac{6}{8}$ and less	
Boys ...	959	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.	p.c.
Boys ...	959	2·2	1·2	2·9	1·1	4·7	2·0	2·7	·93	2·9	·81	·72
Girls ...	873	4·6	·91	3·0	1·4	2·3	4·7	2·6	1·2	3·2	·68	·22

DEFECTIVE TEETH.

Defective teeth were found in 37·8 per cent. of children examined as follows:—

	Number Examined.		Less than four decayed. Per Cent.	Four or more decayed. Per Cent.
Boys	959	34·6	7·5
Girls	873	29·5	3·3

DEFECTS OF SPEECH.

Five boys and one girl were suffering from defects of speech (stammering) (·68 per cent.).

EAR DISEASES.

There were 5 cases of Otorrhœa found amongst the scholars. The hearing was defective in four cases, and in four cases wax in the ear was present.

DEFORMITIES.

Deformities due to various causes occurred in 42 cases (2·2 per cent.) of the children examined.

Mr. Arthur Rocyn Jones, F.R.C.S., the Consulting Orthopædic Surgeon examined eleven Secondary scholars during the year as follows:—

The recommendations were:—

Pes plano-valgus	...	1	Right hemiplegia	...	1
Weak back	...	1	Dislocated hip	...	1
Genu valgus	...	1	Genu valgum	...	1
					<hr/> 6

The recommendations were:—

Admission to Royal National Orthopædic Hospital, Great					
Portland Street, London	...	...	...	...	4
Exercises and Massage	...	...	...	...	1
No treatment	...	...	...	...	1
					<hr/> 6

CARDIAC AND CIRCULATORY DEFECTS.

Organic heart disease was found in thirty-two (1·7 per cent.) of the scholars brought for routine inspection.

HEIGHTS AND WEIGHTS.

1. HEIGHTS.

BOYS			GIRLS		
Age	No. of Children Measured	Average Heights	Age	No. of Children Measured	Average Heights
		Inches			Inches
10	—	—	10	—	—
11	27	56.2	11	28	55.3
12	182	57.4	12	172	58.3
13	260	60.6	13	204	60.4
14	40	61.3	14	38	61.6
15	119	63.1	15	133	62.5
16	121	64.7	16	102	63.7
17	96	65.4	17	53	64.2
18	—	—	18	17	61.9
19	—	—	19	—	—

2. WEIGHTS.

BOYS			GIRLS		
Age	No. of Children Weighed	Average Weights	Age	No. of Children Weighed	Average Weights
		Lbs.			Lbs.
10	—	—	10	—	—
11	22	77.6	11	22	77.9
12	145	78.6	12	155	79.9
13	114	89.5	13	182	88.9
14	32	93.5	14	36	91.2
15	96	111.5	15	130	109.0
16	100	120.4	16	81	111.9
17	84	130.0	17	50	111.7
18	20	131.7	18	16	113.4
19	—	—	19	—	—

The heights and weights are taken by the Head Teachers. The pupils are measured and weighed without boots, otherwise ordinary indoor clothes being worn.

TREATMENT.

Parents were notified by post of the defects discovered in their children. They were advised to consult their medical attendants and were notified that treatment at the Committee's school clinics was available for those who could not afford to obtain treatment privately.

Payments of £3 0s. 0d. for teeth, and £1 6s. 0d. for tonsils and adenoids were received during the year for treatment given at the School Clinics.

The Committee's Health Visitors followed up the cases of defects requiring attention, and it was discovered that 68·4 per cent. of the defects had been treated.

The following work was undertaken at the Clinics:—

Two hundred and sixty-three pupils made application for dental treatment, of whom 186 were treated at the School Clinics.

Two hundred and sixty-four appointments were made for errors of refraction and 212 scholars were examined:—

Spectacles were recommended in	124 cases
Spectacles not needed in	28 cases
Changes of spectacles necessary in	46 cases
No need to change spectacles in	14 cases

The total number of children who obtained or received spectacles under the Authority's scheme was 40.

Operations were performed upon 18 scholars for Tonsils and Adenoids—16 at Newport and 2 at Pontypool Clinics.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The following pupils are maintained at Special Schools:—

	Male.	Female.	Total.
Blind:—			
Royal Normal College, London ...	1	1	2
Bridgend Institution for the Blind	4	4	8
South Durham Institution for Blind	1	—	1
Newport Institute for Blind ...	2	5	7
Swinnerton Home, Newport ...	—	3	3
Preston Institute	—	1	1
Epileptic—			
Lingfield Epileptic Colony ...	1	—	1
Deaf and Dumb—			
Swansea Institution	—	2	2
Apprenticed to Carpenter ...	2	—	2

I desire once more to express my appreciation of the valuable co-operation of the Headmasters, the Headmistresses and their Staffs. To their diligence in notifying to this department cases which required special examination, and to their efforts to facilitate the work of the Medical Inspectors and the Health Visitors whilst visiting the Schools, is due a very large part of the success which School Medical Inspection has attained in this County.

To my colleagues for their loyalty in carrying out the policy of the Department, I am greatly indebted.

I am,

Your obedient Servant,

D. ROCYN JONES,

School Medical Officer.

1st July, 1934.

APPENDIX I.

STATISTICAL TABLES.

A. ELEMENTARY SCHOOLS.

Table I.—Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Code Group Inspections:—

Entrants	...	...	...	6,369
Intermediates	...	...	...	5,613
Leavers	...	...	...	5,497
			—	17,479

Number of other Routine Inspections —

B.—Other Inspections.

Number of Special Inspections	...	...	3,106
Number of Re-Inspections	...	...	9,405
Examined in Open-Air Classrooms	...	...	115
		—	12,626
		Total	...
			30,105

Table II. A.—Return of Defects found in the course of Medical Inspection in 1933

Defect or Disease.					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
Malnutrition	...	...	...	...	7	579	44	165
Uncleanliness	(See Table IV., Group V.).							
Skin	{	Ringworm—Scalp	...	...	6	—	3	—
		Body	...	...	7	—	1	—
		Scabies	...	...	30	—	10	—
		Impetigo	...	...	70	—	32	—
		Other Diseases (Non-Tuberculous)	...	...	296	21	77	—
Eye	{	Blepharitis	...	...	334	—	78	—
		Conjunctivitis	...	...	30	—	3	—
		Keratitis	...	...	—	—	1	—
		Corneal Opacities	...	...	—	—	—	—
		Defective Vision (excluding Squint)	...	...	1079	859	172	71
		Squint	...	...	182	—	34	16
Ear	{	Other Conditions	...	...	65	—	9	7
		Defective Hearing	...	...	39	—	7	30
		Otitis Media	...	...	161	—	33	23
Nose and Throat	{	Other Ear Diseases	...	...	57	—	16	7
		Enlarged Tonsils only	...	...	1124	2549	109	414
		Adenoids only	...	...	5	38	3	6
		Enlarged Tonsils and Adenoids	...	...	547	39	32	34
Enlarged Cervical Glands (Non-Tuberculous)	{	Other Conditions	...	...	138	243	27	104
Defective Speech	...	...	...	...	41	42	2	43

TABLE II—continued.

Defect or Disease.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring be kept under observation but not requiring treatment.
Teeth—Dental Diseases ...	(See Table IV., Group IV.)				
Heart and Circulation	Heart disease—Organic	79	—	32	80
	Functional	—	13	14	169
	Anaemia ...	119	—	31	88
Lungs	Bronchitis ...	135	470	7	16
	Other Non-Tuberculous Diseases ...	35	—	19	102
Tuber- culosis	Pulmonary:—				
	Definite ...	—	—	—	8
	Suspected ...	36	—	—	5
	Non-Pulmonary:—				
	Glands ...	3	—	13	21
	Spine ...	—	—	—	3
	Hip ...	—	—	—	—
	Other Bones and Joints ...	1	—	2	4
	Skin ...	—	—	—	—
	Other forms ...	2	—	1	8
Nervous System	Epilepsy ...	—	—	—	3
	Chorea ...	3	—	7	22
	Other Conditions ...	—	39	11	13
Deformities	Rickets ...	—	62	—	10
	Spinal Curvature ...	92	—	102	9
	Other forms ...	188	34	3	21
Other Diseases and Defects ...		192	209	121	177

B.—Number of Individual Children found at ROUTINE Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of children found to require treatment.
	Inspected.	Found to require Treatment.	
Code Groups:—			
Entrants ...	6369	1465	23.0
Intermediates ...	5613	573	10.2
Leavers ...	5497	627	11.4
Total (Code Groups)	17479	2665	15.2
Other Routine Inspections ...	—	—	—

**Table III. Return of all Exceptional Children
in the Area in 1933**

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Boys.
6

Girls.
9

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
16	—	—	7	23

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	—	2	—	—	6

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
16	9	—	3	28

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools	At other Institutions.	At no School or Institution.	Total.
—	—	2	—	2	4

**MENTALLY DEFECTIVE CHILDREN.
FEEBLE-MINDED CHILDREN.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
1	120	—	119	240

Notified during the year by Local Education Authority to the Local Mental Deficiency Authority:—

Idiots	...	...	...	...	—
Imbeciles	...	...	...	...	11
Feeble-minded	...	...	...	...	2
					<hr/> 13

**EPILEPTIC CHILDREN.
CHILDREN SUFFERING FROM SEVERE EPILEPSY.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
1	—	—	8	9

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

I.—Children suffering from Pulmonary Tuberculosis.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
4	13	6	2	25

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	15	9	3	33

B. DELICATE CHILDREN.

At Certified Special Schools	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
4	*255	—	9	268

* 115 attended Open-air Day Classes.

C. CRIPPLED CHILDREN.

At Certified Special Schools	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	149	—	36	185

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	28	—	17	45

Table IV. Return of Defects Treated during the year ended 31st December, 1933

GROUP I.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin:—			
Ringworm—Scalp ...	*20	15	35
„ Body ...	7	2	9
Scabies ...	3	15	18
Impetigo ...	5	64	69
Other skin disease ...	58	123	181
Minor Eye Defects (external and other, but excluding cases falling in Group II. ...	34	220	254
Minor Ear Defects ...	193	69	262
Miscellaneous ...			
(e.g. minor injuries, bruises sores, chilblains, etc.) ...	33	—	33
Total ...	353	508	861

* Treated by X-Ray.

GROUP II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease.	No. of Defects dealt with.				No. of children for whom spectacles were			
	Under the Authority's Scheme	By Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.	Prescribed (1)		Obtained (2)	
					(i) Under the Authority's Scheme	(ii) Otherwise.	(i) Under the Authority's Scheme	(ii) Otherwise.
(1)	(2)	(3)	(4)	(5)				
Errors of Refraction (including squint)	1882	4	—	1886	951	—	783	4
Other Defect or Disease of the Eyes (excluding those recorded in Group I). ...								
Total ...								

GROUP III.—Treatment of defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received Operative Treatment			Received other forms of Treatment. (4)	Total number treated. (5)
Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
(iii)	(iii)	(iii)		
545	13	558	1278	1836

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids, (iv) Other defects of the nose and throat.

GROUP IV.—Orthopaedic and Postural defects.

	Under the Authority's Scheme.			Otherwise.	Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Non-residential treatment at an orthopaedic clinic.	
Number of children treated ...	14	17	43	2	76

(1) Number of Children who were:—

Age Groups—

Age Groups—					Number
5	...	...	...	...	916
6	...	...	...	...	3224
7	...	...	...	...	4751
8	...	...	...	...	4911
9	...	...	...	...	4896
10	...	...	...	...	4771
11	...	...	...	...	4780
12	...	...	...	...	4949
13	...	...	...	...	4358
14	...	...	...	...	2777

Total	40,343
-------	--------

(b) Found to require treatment	...	...	...	25,364
(c) Actually treated	...	...	...	9,019
(2) Half-days devoted to	<div> <div>Inspection</div> <div>Treatment</div> </div>	<div> <div>...</div> <div>...</div> </div>	<div> <div>512</div> <div>1341</div> </div>	<div>Total</div> <div>1853</div>
(3) Attendances made by children for treatment	...	...	...	11731
(4) Fillings	<div> <div>Permanent Teeth</div> <div>Temporary Teeth</div> </div>	<div> <div>...</div> <div>...</div> </div>	<div> <div>5845</div> <div>—</div> </div>	<div>Total</div> <div>5845</div>
(5) Extractions	<div> <div>Permanent Teeth</div> <div>Temporary Teeth</div> </div>	<div> <div>...</div> <div>...</div> </div>	<div> <div>4358</div> <div>21979</div> </div>	<div>Total</div> <div>26337</div>
(6) Administrations of general anaesthetics for extractions	...	...	...	7425
(7) Other operations	<div> <div>Permanent Teeth</div> <div>Temporary Teeth</div> </div>	<div> <div>...</div> <div>...</div> </div>	<div> <div>108</div> <div>—</div> </div>	<div>Total</div> <div>108</div>

(i.) Average number of visits per school made during the year by the School Nurses
--	-----	----

(ii). Total number of examinations of children in the Schools by School Nurses	116,975
--	---------

(iii) Number of individual children found unclean	...	4,630
---	-----	-------

(iv.) Number of children cleansed under arrangements made by the Local Education Authority	...	—
--	-----	---

(v.) Number of cases in which legal proceedings were taken		
(a) Under the Education Act, 1921	...	—
(b) Under School Attendance Byelaws	...	—

B. SECONDARY SCHOOLS.

Table I.—Return of Medical Inspections.

A. Routine Medical Inspection.

Number of Inspections at all ages:—

Boys	...	...	...	...	959
Girls	...	...	...	...	873
					1,832
Total					1,832

B. Other Inspections.

Number of Special Inspections	...	265
Number of Re-Inspections	...	1298
		1563
Total		1563

SECONDARY SCHOOLS.

Table II. Return of Defects found in the course of Medical Inspection in 1933

Defect or Disease.				ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
				No. of Defects.		No. of Defects.	
				Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment
Malnutrition				—	27	2	9
Uncleanliness:				—	—	—	—
Skin	{	Ringworm—Scalp ...	—	—	—	—	
		Body ...	—	—	—	—	
		Scabies	—	—	—	—	
		Impetigo	1	—	2	—	
		Other Diseases (Non-Tuberculous) ...	44	—	6	3	
Eye	{	Blepharitis	25	—	1	—	
		Conjunctivitis	4	—	—	—	
		Keratitis	—	—	—	—	
		Corneal Opacities	—	—	—	—	
		Defective Vision (excluding Squint) ...	250	122	16	—	
		Squint	9	—	1	—	
		Other Conditions	6	—	2	3	
Ear	{	Defective Hearing	4	—	4	—	
		Otitis Media	5	—	6	—	
		Other Ear Diseases	5	—	2	—	
Nose and Throat	{	Enlarged Tonsils only	58	215	5	12	
		Adenoids only	—	—	—	—	
		Enlarged Tonsils and Adenoids	2	2	3	1	
		Other Conditions	29	10	10	3	
		Enlarged Cervical Glands (Non-Tuberculous ...	1	—	3	1	
Defective Speech				6	—	—	—

TABLE II.—Continued.

Defect or Disease.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
Teeth—Dental Diseases	...	691	—	95	—
Heart and Circulation	Heart Disease—Organic	32	—	2	5
	Functional	—	1	2	26
	Anaemia	30	—	4	2
Lungs	Bronchitis	2	14	2	—
	Other Non-Tuberculous Diseases	3	—	3	8
Tuber- culosis	Pulmonary:—				
	Definite	—	—	—	—
	Suspected	—	—	—	1
	Non-Pulmonary:—				
	Glands	—	—	—	1
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints	—	—	—	—
	Skin	—	—	—	—
Nervous System	Other Forms	—	—	—	2
	Epilepsy	—	—	—	—
	Chorea	—	—	—	—
Defor- mities	Other Conditions	4	7	—	—
	Rickets	2	—	—	—
	Spinal Curvature	—	—	8	—
Other Defects and Diseases	Other Forms	12	30	—	—
	...	16	73	36	13

B.—Number of Individual Children found at ROUTINE Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of children found to require treatment.
	Inspected.	Found to require Treatment.	
All ages:—			
Boys	959	177	18.4
Girls	873	150	17.1
Total	1832	327	17.7
Other Routine Inspections	—	—	—

SECONDARY SCHOOLS.**Table III. Return of Exceptional Children.**

			Boys.	Girls.	Total.
Blind (including partially Blind).	Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind ...	8	14	22
Deaf (including Deaf and Dumb and partially Deaf).	Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf ...	—	2	2
Epileptics	Suffering from Epilepsy	Attending Certified Special Schools for Epileptics ...	—	—	—
	Suffering from Epilepsy which is not severe ...	At Certified Schools for Epileptics At Public Secondary Schools	1 —	— —	1 —
Physically Defective.	Delicate Children ...	At Public Secondary Schools	2	1	3
	Crippled Children ...	At Public Secondary Schools	1	3	4
		At Certified Hospital Schools ..	—	—	—
	Heart Disease ...	At Public Elementary School	1	2	3

Table IV. Return of Defects Treated during the year ended 31st December, 1933

GROUP I.—MINOR AILMENTS.

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin:—			
Ringworm—Scalp ...	—	—	—
Body ...	—	1	1
Scabies ...	—	—	—
Impetigo ...	—	4	4
Other skin disease ...	—	28	28
Minor Eye Defects (external and other, but excluding cases falling in Group II. ...	—	14	14
Minor Ear Defects ...	—	17	17
Miscellaneous ...			
(e.g. minor injuries, bruises sores, chilblains, etc.). ...	—	—	—
Total ...	—	64	64

TABLE IV.

GROUP II.—Defective Vision and Squint.

NUMBER OF DEFECTS DEALT WITH.				
Defect or Disease.	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) ...	212	—	—	212
Other Defects or Disease of the eyes ...	—	—	—	—
Total ...	212	—	—	212

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme ...	124
(b) Otherwise ...	—

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme ...	40
(b) Otherwise ...	—

GROUP III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or in Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total		
18	—	18	418	436

TABLE IV.

GROUP IV.—Dental Defects.

(1)	(b) Notified to require treatment (any permanent teeth defective)	...	...	...	...	403
	(c) Actually treated	...	...	...	...	186
	(d) Re-treated during the year as the result of periodical examination	...	...	...	...	—
(2)	Attendances made by pupils for treatment	...	...	...	...	132
(3)	Fillings	{ Permanent Teeth ... 67 }			Total	67
		{ Temporary Teeth ... — }				
(4)	Extractions	{ Permanent Teeth ... 297 }			Total	342
		{ Temporary Teeth ... 45 }				
(5)	Administration of general anaesthetics for extraction	...	...	...	...	141
(6)	Other Operations	{ Permanent Teeth ... 9 }			Total	9
		{ Temporary Teeth ... — }				

INDEX.

	Elementary Schools. Page.	Secondary Schools. Page.
Administrative County—		
Particulars of area, etc.	1	...
Apportionment of work of Medical and Nursing Staff	2, 3.	...
Arrangements for Medical Inspection ...	6	56.
Blind, Deaf and Dumb Children ...	52	62.
Choice of Employment	54	
Co-operation of Parents, Teachers, etc. ..	50	...
Co-ordination of Services	3	...
Continuation Schools	54	...
Deaf and Dumb Children	53	62, 77.
Defective Hearing	30	75.
„ Speech ... ..	...	59, 81.
„ Teeth	14, 30.	59, 76, 80.
„ Vision	13, 27.	59, 79.
Disinfection of Schools	17.	...
Ear Disease	11, 14, 30.	60, 75.
External Eye Defects	12, 27.	59, 78.
Feeding of Necessitous Children ...	49.	...
Findings of Medical Inspections ...	6.	58.
Glandular conditions	66.	75.
Heart Diseases in School Children ...	67.	60.
Heights and Weights	54.	61.
Immunization of School Children ...	15	...
Infectious Diseases	14.	...
Ionisation Clinic	22.	...
Laboratory Examinations	17.	...
Lung Diseases in School Children ...	12, 67.	58, 76.
Medical Inspection Staff	1, 2.	...
Mentally and Physically defective children	53.	77.
Minor Ailments	11, 21, 23.	78.
Miscellaneous Examinations	54.	...
Myopic Children	13.	...
Nose, Throat, etc., Diseases in School Children	11.	58, 79.
Nursery Schools	3, 53.	...
Nursing Staff	3.	...
Nutrition	10.	58, 75.
Open-air Classrooms	36.	...
Open-air Residential Schools	37.	...
Orthopædic Treatment	32.	60.
Physical Deformities in School Children	6, 14, 32, 52.	60, 76, 77.
Physical Instructors, report of	39.	...
Provision of Meals	49.	...
Provision of Spectacles	29.	...
Payment of Railfares	23, 25, 27, 29, 31, 34	62
Payment for treatment of children at School Clinics	20.	62.
Percentage of children requiring treat- ment	67.	76.

INDEX—Continued

	Elementary Schools. Page.	Secondary Schools. Page.
Re-examination of Children	18, 29.	57.
Sanitary Survey of Schools	4.	...
Secondary Schools, Scholars examined in	...	74.
Scheme of Medical Inspection	6.	56.
School Hygiene	4.	...
„ Clinics	19, 21, 23.	...
„ Closures	17.	...
„ Baths	50.	...
School Camp	36.	...
Skin Diseases, School Children with ...	12, 26.	59, 75, 78.
Special Reports :—		
Immunization against Diphtheria ...	15.	...
Teeth of School Children	14, 21, 30.	76, 80.
Tonsils and Adenoids	21, 24.	62, 79.
Travelling School Clinic	19.	...
Treatment of Defects	19, 21.	61, 78.
Tubercular Diseases in School Children...	12, 25.	58, 76.
Uncleanliness of School Children ...	7.	58.
Vision of School Children	13, 21, 27.	59, 75, 79.
X-Ray Treatment (Ringworm)	21.	...

STATISTICAL TABLES.

Table I. :—		
A.—Number of Children Inspected..	65.	74.
B.—Special Inspections and Re-examinations	65.	74.
Table II. :—		
A.—Return of Defects found	66.	75.
B.—Number of children found at Routine Inspections to require treatment	67.	76.
Table III. :—		
Return of all Exceptional Children...	68, 69, 70.	77.
Table IV.—Treatment of Defects :—		
Group—		
I.—Minor Ailments	71.	78.
II.—Vision and Squint	71.	79.
III.—Nose and Throat	72.	79.
IV.—Orthopaedic and Postural defects	72.	...
V.—Teeth	73.	80.
(1) (a) Inspections by Dentists ..	73.	...
(b) No. requiring treatment .	73.	80.
(c) No. treated	73.	80.
(d) Re-treated	73.	80.
(2)—(7) Details of time given and of operations under- taken at School Clinics	73	80
V.—Uncleanliness, etc.	73.	...

